



Christian Institute of Arts & Sciences

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VOLUNTEER COMMUNITY SERVICE RECORD

Student's Name: _____ Grade: _____ 20____-20____

DATE	HOUR: MIN	ACTIVITY PERFORMED
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Student's Signature _____ Date _____

I certify by my signature that the above hours were completed as recorded.

Supervisor's Signature _____ <small>(Required to validate grade report)</small>	Date _____
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"I have no greater joy than to hear that my children walk in truth."