

Moffett Road Christian School

Volunteer Service Confirmation Form

Student Name _____

Total number of hours worked _____

Department or Organization where work was done:

Name of Supervisor:

(Please print)

Address: _____

Phone: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to _____.

Name of Student (please print)

Name: _____

Title: _____

Supervisor (please print)

Supervisor's Signature

Date:

Student's Signature

Date

Please circle the account to which you want these hours applied. Please note that all Mission hours must meet the requirements set forth by the MRCS Board.

Community Service

Mission Service

The MRCS Board reserves the right to disallow any hours that they feel does not adequately meet the standards set forth by the MRCS Board.