

TTS STUDENT MINISTRY INVOLVEMENT FORM



Date: ____/____/____ (mm/dd/yyyy)

Task/Service: _____

Time Started: _____ **Time Ended:** _____ **Total Hours** _____

Description of task/service:

Name of Church/Ministry: _____

Supervisor's Phone Number: _____ **Email:** _____

Supervisor's Signature:

NOTE TO SUPERVISOR: Please ask the student to complete this form completely prior to applying your signature.

Student's Signature:

No ministry hours will be accepted that do not meet the program requirements or teacher approval.

Any additional comments in regards to the student's ministry involvement and or etc may be emailed to us at info@trinityseminy.net.