## Record Your Hours!

Student Name:		Date:		
Grade:	Small Group:			
Please complete the following form legi	bly and with an adult's signo	ature.		
Please check what this form is for:	Mentoring	_ Faith Apps _		
	Service	Please circle:	Church or	Community
In the space provided below, please givenere you met, how long you met, etc. mean to you, would you do it again, etc.	For service: Tell if it is for chu	u did. For mentoring: Te urch, family or communi	ll who you met w ty, what you did,	ith, what you talked about, why you did it, what did it
-				
_				
_				
_				
_				
_				
_				
-				
_				
-				
_				