

SERVICE PROJECT REPORT

Name of Student: _____

Service Project Name or Location: _____

Date of Project Completed: _____

Number of Hours/Minutes Completed (on this date): _____

Describe the acts of service that were done during this ministry:

Would you go back and minister to this need again? _____

Why or Why not? _____

What would have made you better prepared for this need? (i.e. different clothing, more students to help, more tools, etc)

Do you think other students should contact this person or organization and offer to serve there in the future? _____

Student's signature: _____

Parent's signature: _____

Bible Teacher's signature: _____

Project Coordinator's signature: _____