

SAINT JOHN'S OFFICE OF RELIGIOUS EDUCATION
PO Box 266
Slatersville RI 02876
762-0966

Christian Service Project Form

Candidate Name: _____

Name of Agency: _____

Agency Contact: _____

Address of Agency: _____

Type of Service performed: _____

Signature of Agency Contact: _____

Date of Service:				
# Service hours completed:				

Candidate, please write a few words describing your experience:

*Submit 1 form for each agency served.
A minimum of 12 hours is necessary to complete the service requirement.