

Involvement Hours 2016-17

Teen's Name: _____ Grade _____

Date of Service: _____

Type of Service: _____

(Work done for family members or for a Profit business are not considered Involvement hours)

Printed Name of Event Coordinator/Director _____

Event Coordinator/Director Signature _____ Phone _____

Total Hours _____

**All Involvement hour forms must be submitted within 90 days of the date of service.
Return completed form to Youth Minister's Office (The Rock) or Religious Education Office.**

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