Y	YEAR 1
FAMI	LY SERVICE
Activity:	Location:
Date of Service:	Number of Hours:
Supervisor's Name and Signature:	
Describe your service experience:	
COMMU	JNITY SERVICE
Activity:	Location:
Date of Service:	Number of Hours:
Supervisor's Name and Signature:	
Describe your service experience:	
MINIST	TRY SERVICE
Activity:	Location:
Date of Service:	Number of Hours:
Supervisor's Name and Signature: Describe your service experience:	
1420 W Granville Ave. Chicago, IL 60660	

YEAR 2

FAMILY SERVICE

Activity:	Location:	
Date of Service:	Number of Hours:	
Supervisor's Name and Signature:		
Describe your service experience:		
	TY SERVICE	
Activity:	Location:	
Date of Service:	Number of Hours:	
Supervisor's Name and Signature:		
Describe your service experience:		
MINISTRY SERVICE		
Activity:	Location:	
Date of Service:	Number of Hours:	
Supervisor's Name and Signature:		
Describe your service experience:		

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