

DESERT CHRISTIAN ACADEMY

Empowering the Mind, Engaging the Soul

CHRISTIAN SERVICE REPORT

Name: Ye	ear of Graduation:
Date of Report:	
Details of Service:	
Date(s) of Service:	
Location:	
Hours Spent in Service:	
Brief Description of Service:	
Verification of Service: I certify that this service was given by	y this student as described above.
Verifying Signature	Date
Title or Position – If Applicable	
Comments or Recommendations:	
	Signature of Student