

Corpus Christi Catholic-Christian Community
HAVEN Service Hours

*Service hours are to be completed within a particular
Corpus Christi Ministry.*

Name: _____

Name of Ministry Served: _____

Description of Service: _____

Date(s) of Service: _____

Number of hours completed: _____

Supervisor's Signature: _____

Supervisor's email or phone Number: _____

Please answer the following questions:

1. Why did you choose this project for your service?

2. Will you continue this form of service in the future? Why or Why not?