



**Mooresville**  
CHRISTIAN ACADEMY

# Service Project Verification Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Service was performed at:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Description of Service

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Number of Hours Worked \_\_\_\_\_

Dates of Service \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

(can not be Student's Parent)

"Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms." 1 Peter 4:10