Walther Christian Academy

Christian Service Verification

For Freshmen, Sophomores, and Seniors

Student Portion:

_____ _____ _____

Last Name First Name Grade Year

Congregation/School/Agency: _____

What I did:_____

_____

_____

Date of Service: _____/_____/_____ Number of Hours Served: _____

What I found Rewarding about this experience:

_____

_____

_____

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