



**"Children-Our Most Important Asset & Future Investments"**  
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CHRISTIAN SERVICE VERIFICATION  
AND EVALUATION FORM

This form should be submitted within two (2) weeks of service completion.

NAME \_\_\_\_\_ Date \_\_\_\_\_

Grade and Homeroom \_\_\_\_\_

Description of Service performed \_\_\_\_\_

How often did you do this activity?

- \_\_\_\_\_ just once
- \_\_\_\_\_ once a week
- \_\_\_\_\_ every other week
- \_\_\_\_\_ monthly
- \_\_\_\_\_ other \_\_\_\_\_

Number of hours completed \_\_\_\_\_

**(Optional)** Have the adult supervisor write a brief letter describing your performance and the benefits of your service.

**(Mandatory)** Write a brief summary of what you learned from this experience.

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Adult who will verify your service \_\_\_\_\_(print)

Adult Signature \_\_\_\_\_