

Christian Service Form  
**Stephen T. Badin High School**  
571 New London Road, Hamilton, Ohio 45013  
Phone: 513-863-3993  
Fax: 513-785-2844

Religion Period \_\_\_\_\_  
Homeroom # \_\_\_\_\_

Name of student: \_\_\_\_\_

Present year of study:    \_\_\_9    \_\_\_10    \_\_\_11    \_\_\_12

Name of Student's Religion Teacher: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Name of Evaluator (please print): \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (in case there are follow up questions)

Brief Description of Service Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

- Number of Service Hours Completed by Student: \_\_\_\_\_
- Starting Date of Service: \_\_\_\_\_ Completion Date: \_\_\_\_\_
- The Student was: (please check all that apply)

\_\_\_ Helpful    \_\_\_ Trustworthy    \_\_\_ Punctual    \_\_\_ Courteous    \_\_\_ Other

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for making a service opportunity available to this young person. If this report for has to mailed, the student should provide a stamped and addressed envelope.

Please return to Badin marked to the attention of the **CHRISTIAN SERVICE COORDINATOR!**