LCA SENIOR SERVICE HOUR LOG

LEGACY CHRISTIAN ACADEMY

Name: _____

Please check the category in which your hours were served

Date	Description	Number of hours (to nearest 1/2 hr.)	Signature of adult in charge	Phone # of adult in charge	School	Church	Missions	Community

Date Range	Description of Service on a ***Recurring*** Basis (weekly, monthly, etc.)	Total Hours	Signature of adult in charge	Phone # of adult in charge	School	Church	Missions	Community
	Total number of hours							