

**St. Augustine High School**  
**2007-2008 Freshman Christian Service**

**Name:** \_\_\_\_\_

**Date (s):** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_

**Description of Service:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Please direct any questions regarding the St. Augustine High School Christian Service Program**

**to:**

**Ms. Jennifer DePoy, Director of Campus Ministry**

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