



wholelife CHURCH

To Whom It May Concern:

Name of Student: _____

Participated at: _____

Description of Activity: _____

Date: _____ Hours: _____

Supervised by (printed name) _____

Supervisor's signature _____

Parent signature _____

Pastor Steff's signature _____

This form is not valid without all three signatures.

If any questions remain, please contact me using the below information.

*Note to student—If Pastor Steff can't read it, she won't sign it.

Steff Johnson
Youth Pastor
steff@hospitalchurch.org