

**2018-2019 THS APOSTOLIC SERVICE HOURS TRACKING FORM**

Name \_\_\_\_\_ House \_\_\_\_\_ Mentor Group \_\_\_\_\_

***ALL APOSTOLIC SERVICE MUST BE FOR NON-PROFIT/PRO-LIFE GROUPS/ORGANIZATIONS!***

***\*SCHOOL (NOT AFFILIATED WITH A CHURCH OR PLACE OR WORSHIP) & COMMUNITY SERVICE***

| *NAME OF SERVICE EVENT | DATE(S) OF EVENT | TOTAL HOURS<br>SERVED AT<br>EVENT | APPROVED BY<br>THEOLOGY TEACHER<br>Y or N | ACCUMULATED<br># OF ACCEPTED<br>SERVICE HOURS |
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***\*\*CHURCH/PLACE OF WORSHIP OR SCHOOL AFFILIATED WITH THIS ENTITY***

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**OVER**

**TOTAL APPROVED HOURS \_\_\_\_\_**

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**OVER**

**TOTAL APPROVED HOURS \_\_\_\_\_**