

**Ozark Adventist Academy  
Ministry Hours Report Form**

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

Date of Ministry Service: \_\_\_\_\_

Type of Ministry Service: \_\_\_\_\_

Religion Teacher Approval: \_\_\_\_\_

Please describe the Ministry Service:

Personal Reaction:

Total Hours Served: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Contact information of Supervisor: \_\_\_\_\_