

RECORD OF COMMUNITY SERVICE

INDIANA ASSOCIATION OF SPIRITUALISTS
CHESTERFIELD SPIRITUALIST COLLEGE
50 Lincoln Drive, Chesterfield, IN 46017

Student's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Fulfilling Requirements for Associate Minister _____ or Ordination _____

Name of Organization Served: _____

Address: _____

Phone Number: _____

Email Address: _____

Contact Name (printed): _____

Contact Signature: _____

Service Performed: _____

Date(s) of Service: _____

Hours of Service: _____

For Academic Office Use:

Received by _____ Date _____

Approved _____ Denied _____

Comments/Recommmendations _____

Signature of Dean _____ Date _____

