

Channel Islands Ministry Internship Program

Monthly Report Form

For Month of: _____, _____
month year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Describe Ministry Activities you were involved in this month:

Hours spent in this ministry this month including study and preparation:

(list hours in ministry separate from hours of preparation)

Preparation:

Ministry:

Copies of attached notes, tapes, or other materials used:

Signature of Student

Date

Signature of Advisor (If applicable)

Date