



NEW ENGLAND BIBLE COLLEGE

CHRISTIAN SERVICE FORM – STUDENT

In the space provided below, please indicate what your Christian Service ministry is for this coming semester. Make sure that each item is completed. Please return this form to the Administration Office by the Add/Drop date.

1. Your name _____ I.D. # _____

2. Semester and Year _____

3. Type of Ministry _____

4. Describe responsibilities _____

5. Place of Ministry/Address _____

Phone _____

Pastor/Director _____

6. Day of the week in which the ministry is performed _____

7. Name of the person to whom you are directly responsible _____

Phone: _____ E-mail: _____

8. When do you begin this ministry? _____

9. Name of church you are attending this semester _____

10. Supervisor's signature (#7 above) _____

11. Christian Service Director's signature _____