



To Whom It May Concern:

Name of Student: \_\_\_\_\_

Participated at: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Supervised by (printed name) \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Pastor Greg's signature \_\_\_\_\_

This form is not valid without all three signatures and will not be signed by Pastor Greg until the form is completed in entirety.

If any questions remain, please contact me using the below information.

\*Note to student—If Pastor Greg can't read it, he won't sign it.

Gregory J Creek  
Youth and Young Adult Pastor  
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