

# 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