

*Trinity Christian Academy*  
*10 Windy City Road · Jackson, TN · 38305*  
*Phone: (731) 668-8500*  
*Fax: (731) 668-3232*

Dear Agency or Individual:

Thank you for the opportunity you have given our students for service. We appreciate your assistance in allowing us to serve your organization. If we may be of service in the future, or if you have any questions, please do not hesitate to call us at (731) 668-8500.

Sincerely,  
Judy Brown  
High School Principal  
Trinity Christian Academy

Student's Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**#1** All sections must be completed and signed by a supervisor of the volunteer work.

Agency/Individual for whom the student is volunteering: \_\_\_\_\_

Address of Agency/Individual: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Number of hours the student is involved with this endeavor: \_\_\_\_\_

Date the volunteer work was performed: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**#2** All sections must be completed and signed by a supervisor of the volunteer work.

Agency/Individual for whom the student is volunteering: \_\_\_\_\_

Address of Agency/Individual: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Number of hours the student is involved with this endeavor: \_\_\_\_\_

Date the volunteer work was performed: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_