

FORM G

INTERNSHIP

Student's Weekly Service/Activity Report

TYPE OF INTERNSHIP _____

NAME _____ **REPORT NO.** _____

DATE (week ending Sunday) _____

NAME OF CHURCH/INSTITUTION _____

MENTOR _____ **PHONE** _____

1. Meetings you have attended this week: (S.S., D.T., Deacons, etc.)

2. Topics your mentor has discussed with you this week:

3. What specific activities have you been engaged in this week?
(Church, Social, Community, or otherwise related to internship)

4. What new assignments have been given to you this week?

5. Do you have any particular problems at this time? Please explain.

6. Other Remarks or Comments:

RETURN WEEKLY TO: Internship Professor, CCBBC, 300 Clear Creek Rd. Pineville, KY 40977