

Supervised Leadership Ministry Experience

kino institute
Contact Hours Log

Full Name _____

Parish _____ City _____ Work Phone _____

Email _____ Pastor _____

Supervisor _____

Program/Ministry at your parish _____

| Date | Minutes Logged | Short Description Activity |
|--------------------------|---------------------|--------------------------------------|
| Date (dd/mm/yyyy) | Hours Logged | Short description of Activity |
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Total Hours Logged: _____