

# Universal Life Church Seminary

## CHAPLAINCY PROGRAM SERVICE HOURS

Indicate the nature of the chaplaincy-related service you performed and the number of hours for each service, along with the name and signature of the person attesting to the service performed. If required, you may use additional forms. Send the completed forms by email to *staff@ulc.net* or fax to 215-261-3280, or send by postal mail to

**Universal Life Church (Chaplaincy)**  
**Kevin Andrews**  
**104 Biscayne Way**  
**Folsom CA 95630**

Hours:	Describe the type of service performed (generally):
Dates:	Name and signature of person attesting to services performed:

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Dates:	Name and signature of person attesting to services performed:

Total hours: \_\_\_\_\_

*I have completed the above referenced chaplaincy-related service hours.*

Signature of chaplain candidate: \_\_\_\_\_

Name of chaplain candidate: \_\_\_\_\_

Address of candidate: \_\_\_\_\_