

## Community Service Hours

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Name of Organization or Person Served: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Description of Service Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

\_\_\_\_\_  
Signature of Organization Authority

**Or**

\_\_\_\_\_  
Signature of Person Served

