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## REQUIRED COMMUNITY SERVICE HOURS

MONTH OF \_\_\_\_\_, 20\_\_

VOLUNTEER NAME \_\_\_\_\_

VOLUNTEER ADDRESS \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ AGENCY PHONE \_\_\_\_\_

SUPERVISOR NAME AND TITLE \_\_\_\_\_

<u>DATE</u>	<u>HOURS</u>	<u>DATE</u>	<u>HOURS</u>
1	_____	16	_____
2	_____	17	_____
3	_____	18	_____
4	_____	19	_____
5	_____	20	_____
6	_____	21	_____
7	_____	22	_____
8	_____	23	_____
9	_____	24	_____
10	_____	25	_____
11	_____	26	_____
12	_____	27	_____
13	_____	28	_____
14	_____	29	_____
15	_____	30	_____
		31	_____

Total For Month \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature DATE \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature DATE \_\_\_\_\_

01/15

