



**Miami Valley
Young Marines**

**COMMUNITY SERVICE
AFFIDAVIT**

Young Marine Instructions: *Turn in completed form prior to drill formation.
If approved, your hours will be credited toward your community service requirement.*

YOUNG MARINE NAME: _____ RANK: _____

Date: _____

To Whom It May Concern:

Thank you for allowing Young Marine _____, the opportunity to volunteer for you/your organization. Please complete the below information, necessary for this Young Marine to receive official credit toward their required community service hours. We appreciate the opportunity to assist you!

John Bankowitz, Unit Commander
Miami Valley Young Marines

Organization or personal name & address: _____

1. Hours performed: _____ Date(s): _____

2. Type of service performed: _____

3. How well did this Young Marine perform? (additional comments):

Authorized Signature & Title: _____

Date & Phone Number: _____

Community Service Hours Approved? YM Staff Use ONLY

_____ YES Date in YMSRB: _____ Date in YMDBS: _____

_____ NO Reason: _____

_____ Other _____

Staff Initials/Receipt: _____ Date: _____