

## Jackson County Community Service Log

Youth's Name:	
Court Case Number(s):	
Total Hours Due:	Date Hours Due:
Social Worker:	Email:Email:

This log sheet is to be used to track your volunteer hours for your Community Service Requirement.

It is the youth's responsibility to maintain this log and rather submit it to the assigned social worker when community service hours are completed or have the community service supervisor submit it to the assigned social worker. The form may be submitted via paper copy, email, or fax.

## **Instructions for Completion:**

Fill in the information at the top of the form. If you need assistance completing any of this information, please request assistance from your assigned social worker
 For every location that you complete community service at, please provide the attached form to the supervisor. This is essential in order for the community service hours to be valid.
 Store the form in a safe and secure location. In the event you misplace the form, it is your responsibility to recreate the history on it, including re-obtaining the supervisor's signatures.



## Jackson County Community Service Log

\*To be filled out by the person supervising the community service\*

Location Community Service Performed at: \_\_\_\_\_

Brief Description of the Service Being Provided: \_\_\_\_\_\_

**Hours Completed:** 

Date	Start Time	End Time	Total Daily Hours
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**Total Hours:** 

Disclaimer: In signing this form, I verify that this student has completed the above-mentioned community service hours, that they have received no compensation, monetary, material nor personal benefit.

Adult Supervise	or Name(printed)
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Phone Number:	_ Email:	
Adult Supervisor Name (signature):		Date:

421 County Road R 

Black River Falls, WI 54615

Phone: (715) 284-4301

Fax: (715) 284-7713