Community Service Program Hour Sheet

Stude	nt Name:	
Religio	on Period:	
Organ	ization and Address:	
Super	visor's Name, Phone Number and Email Address:	
	completed by student: Please list dates and total number of hours comple	tad:
1.	- riease list dates and total number of flours comple	teu.
2.	2. Describe in detail what duties you performed or what you contributed:	
Super	visor's signature:	
Date:		