

**WORK ETHIC CERTIFICATE  
DOCUMENTATION OF COMMUNITY SERVICE  
2019/2020**

**Student Name:** \_\_\_\_\_ **School:** Logansport High School  
**Organization:** \_\_\_\_\_

**Briefly describe the community service activity completed by the student:**

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**Number of hours completed:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Students are to return completed forms to Mr. Dubes.

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