ear of Graduation:		
Location of service:	Dates of service:	Number of hours:
Contact person: (Print name & sign)		Phone number:
	Description of service:	
COMMUNITY SERVICE HOL	JRS Student Name:	
ear of Graduation:		
Location of service:	Dates of service:	Number of hours:
Contact person: (Print name & sign)		Phone number:
	Description of service:	
COMMUNITY SERVICE HOL	JRS Student Name:	
ear of Graduation:	-	
Location of service:	Dates of service:	Number of hours:
Contact person: (Print name & sign)		Phone number:
	Description of service:	

COMMUNITY SERVICE HOURS Student Name:_____