

Name _____

Trimester _____

Grade Level _____

JWMS CJSF Community Service Hours

Item #	Organization Name	Contact Person	Signature	Phone Number	Hours Completed
1					
2					
3					
4					
5					
6					
7					
			Total Hours Completed		

	Describe which tasks you completed to finish your community service hours (for each item).
Item #1	
Item #2	
Item #3	
Item #4	
Item #5	
Item #6	
Item #7	