

Community Service Voucher

Name: _____	Date: _____
Site: _____	
Service Completed: _____	

# of Hours Worked: _____	# of Hours Awarded: _____

What did you take away from this experience that you will carry with you through life?

Signature of Supervisor of Activity: _____
Printed Name of Supervisor of Activity: _____
Phone # of Supervisor: _____

Please attach any support materials to the back of this sheet!!!