

## Community Service Hours

Name of Agency: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date	Hours	Activity	Signature of Supervisor	Evaluation		
				Excellent	Good	Fair
				Excellent	Good	Fair
				Excellent	Good	Fair
				Excellent	Good	Fair
				Excellent	Good	Fair
				Excellent	Good	Fair

Comments: