

PLEASE WRITE NEATLY!

Name: _____ Grade: _____

Total hours on this page: _____ Verified by: _____ (reserved for Ms. Raluy's initials)

****For 8th graders: This form is due back to Ms. Raluy no later than Friday, April 16th, 2020 by 3:00 p.m.**

CJSF Community Service Hours Log

Date	Detailed Description of Service Provided	Organization and Verification	Total Hours <small>*round to nearest quarter hour</small>
		Organization's Name: _____ Adult in charge (print name): _____ Adult Signature: _____	
		Organization's Name: _____ Adult in charge (print name): _____ Adult Signature: _____	
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