# COMMUNITY SERVICE DOCUMENTATION

### *1. Participant Information*

| Full Name (Please print): | Address: | Home Phone # | Cell Phone# |
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### *2. Community Service Information*

| Date that Service was provided | Name and address of agency/organization where service was provided | Printed name & phone number of Supervisor | Supervisor's Signature | Total # of Service hours |
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***Community Service Information continued…***

| Date that Service was provided | Name and address of agency/organization where service was provided | Printed name & phone number of Supervisor | Supervisor's Signature | Total # of Service hours |
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