

Class of _____



Date Completed ____/____/____	Hours Completed _____	Description of the Community Service _____ _____ _____	Supervisor Name: _____ Organization Name: _____ Contact Info: _____
Date Completed ____/____/____	Hours Completed _____	Description of the Community Service _____ _____ _____	Supervisor Name: _____ Organization Name: _____ Contact Info: _____
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