



Volunteer Name: _____ **CWID:** _____
Email Address: _____ **Phone #:** _____

Community Service Project/Event: _____ **Date:** _____
Community Service Location: _____

Community Service Partner Information	Name: _____	Phone #: _____
	Email: _____	Supervisor
	Address: _____	Signature: _____

Please provide a brief description of volunteer work: _____

Time In: _____	Time Out: _____	Hours Total: _____	Volunteer Signature: _____
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Community Service Partner Information	Name: _____	Phone #: _____
	Email: _____	Supervisor
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	Email: _____	Supervisor
	Address: _____	Signature: _____

Please provide a brief description of volunteer work: _____

Time In: _____	Time Out: _____	Hours Total: _____	Volunteer Signature: _____
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FOR OFFICE USE ONLY

Received: _____ **Verified:** _____ **Volunteer Center Coordinator Signature:** _____

