



High School  
 Graduation Year: \_\_\_\_\_

College Bound Community Service Work Record

Student Name: \_\_\_\_\_ Assignment Location: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>WEEK ONE</b>	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
<b>WEEK TWO</b>	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
<b>WEEK THREE</b>	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
<b>WEEK FOUR</b>	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

**Total hours completed:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

Please return completed form to Sharon M. Daniels in City Hall, 5925 Calumet Avenue, Room #115

**Deadline to reapply: July 7, 2017**

Applications will be available online at [www.gohammond.com](http://www.gohammond.com)

