	SEC RSHIP PROC	
BO		
	~ 11	- 10

High School	
Graduation Year:	

## College Bound Community Service Work Record

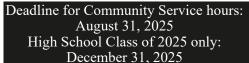
S	tudent Name:	Assignment Location:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	Date:	Date:	Date:	Date:	Date:	Date:	Date:		
WEEK	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:		
ONE									
UNE									
			1	<b>D</b>		-	-		
	Date:	Date:	Date:	Date:	Date:	Date:	Date:		
WEEK	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:		
TWO									
I AA O									
	D /	D.	D.	ъ .	D.	Ъ.	ъ .		
	Date:	Date:	Date:	Date:	Date:	Date:	Date:		
WEEK	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:		
THREE									
INNEE									
	D	D	D (	D. (	D 4	D	D. /		
	Date:	Date:	Date:	Date:	Date:	Date:	Date:		
WEEK	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:		
FOUR									
ruun									
Total hours completed:									

Student is responsible for the recording and submission of hours

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

Deadline to reapply: Thursday, July 3, 2025

Applications available online at www.gohammond.com



**Supervisor Signature:** 



