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High School	
aduation Year	

College Bound Community Service Work Record

St	tudent Name: _	Assignment Location:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
WEEK ONE	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:		
WEEK TWO	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:		
WEEK THREE	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:		
WEEK FOUR	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:		
Total hours completed: Supervisor Signature:									

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: Wednesday, July 3, 2024

Applications available online at www.gohammond.com



