



High School
 Graduation Year: _____

College Bound Community Service Work Record

Student Name: _____ Assignment Location: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WEEK ONE	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
WEEK TWO	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
WEEK THREE	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
WEEK FOUR	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

