

Community Service / Development Hours Log Sheet

Date: _____ Client Name: _____

Volunteer Site Organization: _____

Instructor / Supervisor Name: _____

Contact Number: () _____ Extension: _____

Please Note: Community service hours are valid only *after* the date stamped above.

Date of Activity	Hours	Type of Activity	<i>Supervisor / Instructor Signature</i>

Tattoo Removal Program
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