



COMMUNITY SERVICE FORM

Name: _____
Total Hours: _____

Business Name: _____
Address: _____
Phone Number: _____
Contact Person: _____

Complete all sections of this form. Supervisor signing off on hours must be able to verify hours were completed. If hours are not confirmed and/or the work performed was not acceptable, you may not receive credit for your community service hours.

PLEASE FILL OUT A NEW FORM WITH EACH NEW BUSINESS/ORGANIZATION

Date	Hours	Duties/Task completed	Supervisor Signature

PLEASE RETURN THIS FORM TO SEWARD COUNTY PRETRIAL DIVERSION