# COMMUNITY WORKER'S REPORT

Name:________________________________________ Cause #____________________

Address/Telephone:______________________________________________________________

If Minor: Parent/Guardian Name : _______________________ Work Tel:___________________

**HOURS REQUIRED:____** **Start Date:** ________________ **Completion Date:**_____________

Signature/Title___________________________________________________________________

Agency: _________________________________ Telephone:__________________

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| **DATE** | **ASSIGNMENT (S)** ( 1 PER LINE) | **TIME** | **SUPERVISOR SIGNATURE** |
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**TOTAL HOURS** #__________