

Community Service Work HOUR LOG

Youth's Name: _____ Youth's phone #: _____

Community Service Hours needed: _____ Hours to be completed by: _____

Time Card

Date	Start Time	End Time	Total Hours	Agency Signoff (Initials/signature)

Agency Name: _____

Agency Contact Person: _____ Phone #: _____
Please Print Name

Please return this form to:

2801 10th Street
Everett, WA 98201

Or: Phone: 425-388-7800 FAX: 425-388-7882