



Portage Area Jr-Sr HS Community Service



Your Name: _____ Grade: _____

Name of Activity: _____ Date(s) of Activity: _____

Duties Performed: _____

Supervisor of Activity: _____ Total Time: _____ :

Supervisor Signature: _____ Date: _____

Your Signature: _____ Date: _____

Guidance Office Approval: _____ Date: _____



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