

JOLIET TOWNSHIP HIGH SCHOOLS

COMMUNITY SERVICE HOURS

Student: Name: _____ Student ID# _____

Counselor: _____ Hours Completed: _____ Date: _____

Name of Agency: **Joliet West Bands** _____

Describe the services you provided: _____

Supervisor's Signature: _____

Date recorded _____ Initial _____

JOLIET TOWNSHIP HIGH SCHOOLS

COMMUNITY SERVICE HOURS

Student: Name: _____ Student ID# _____

Counselor: _____ Hours Completed: _____ Date: _____

Name of Agency: **Joliet West Bands** _____

Describe the services you provided: _____

Supervisor's Signature: _____

Date recorded _____ Initial _____