

Community Service Roster



Leader Name: _____ Phone #: _____

Service Site & Address: _____

Activity Description: _____

Date(s) of Service: _____

Start Time: _____ End Time: _____ Minus Driving Time: _____ Total Hours Volunteered: _____

Full Name (please print)	ID #	Class Standing	Office Use
1.		FR SO JR SR Grad Other	
2.		FR SO JR SR Grad Other	
3.		FR SO JR SR Grad Other	
4.		FR SO JR SR Grad Other	
5.		FR SO JR SR Grad Other	
6.		FR SO JR SR Grad Other	
7.		FR SO JR SR Grad Other	
8.		FR SO JR SR Grad Other	
9.		FR SO JR SR Grad Other	
10.		FR SO JR SR Grad Other	
11.		FR SO JR SR Grad Other	
12.		FR SO JR SR Grad Other	
13.		FR SO JR SR Grad Other	
14.		FR SO JR SR Grad Other	
15.		FR SO JR SR Grad Other	
16.		FR SO JR SR Grad Other	
17.		FR SO JR SR Grad Other	
18.		FR SO JR SR Grad Other	
19.		FR SO JR SR Grad Other	
20.		FR SO JR SR Grad Other	

Full Name (please print)	ID #	Class Standing	Office Use
21.		FR SO JR SR Grad Other	
22.		FR SO JR SR Grad Other	
23.		FR SO JR SR Grad Other	
24.		FR SO JR SR Grad Other	
25.		FR SO JR SR Grad Other	
26.		FR SO JR SR Grad Other	
27.		FR SO JR SR Grad Other	
28.		FR SO JR SR Grad Other	
29.		FR SO JR SR Grad Other	
30.		FR SO JR SR Grad Other	
31.		FR SO JR SR Grad Other	
32.		FR SO JR SR Grad Other	
33.		FR SO JR SR Grad Other	
34.		FR SO JR SR Grad Other	
35.		FR SO JR SR Grad Other	
36.		FR SO JR SR Grad Other	
37.		FR SO JR SR Grad Other	
38.		FR SO JR SR Grad Other	
39.		FR SO JR SR Grad Other	
40.		FR SO JR SR Grad Other	
41.		FR SO JR SR Grad Other	
42.		FR SO JR SR Grad Other	
43.		FR SO JR SR Grad Other	
44.		FR SO JR SR Grad Other	
45.		FR SO JR SR Grad Other	
46.		FR SO JR SR Grad Other	
47.		FR SO JR SR Grad Other	