



Community Service Hour Sheet

Candidate Name: _____ **Candidate Year (1st / 2nd):** _____

Core Leader: _____

Category of Service: **(A) Family service** – Service should be done together as a family for the service of others. **(B) Community** – Must involve community outreach to the poor or afflicted. **(C) Church** – Help volunteer in any of the events the church puts on throughout the year.

Date of Service	Total # of Hours	Volunteer Organization	Activity or Task Performed	Category of Service	Name of Verifier	Verifier's Signature	Verifying Person Phone #

- 12 Hours; must be completed before May 2021