Community Service Attendance Form

.

Date_____ **Name (Print):** _____

Community Link worker _____ **SSN (Last 4 Digits)**: _____

Date	Time Start	Time End	Community Service Name	Community Service Location (Organization client volunteered for)	# of Hours Volunteered	Contact Person Name (Please Print)	Contact Person Signature	Contact Person Phone #

Total Volunteer time on this sheet: _____ **Date Submitted to Community Link:** _____

Your signature indicates Community Link may contact the above listed community service site: **Client Signature** _____

Must be submitted on the 15th and last day of every month. Fax No: (513) 929-9095 Document Drop-off: 1005 Walnut St., Cinti., OH 45202

Office use only:

Data validation date_____Staff_____Title_____Supervisor initial_____

Revised Jan. 5, 2011 els