

Community Service Form

Total number of hour's worked _____

Department or Organization where work was done:

Name of Supervisor:

(please print)

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed

and that no monetary remuneration was paid to _____
Name of Student (please print)

Supervisor's Signature

Date

Student's Signature

Date

Return form to:

UB Office

1507 S. McKenna

Poteau, OK 74953

918-647-1381

ubandubms@gmail.com