

WMAA Community Service Log

Student Name _____ Grade _____

Date Of Project _____ Total Hours _____

Sponsoring Organization _____

Place of Project Work _____

(This cannot be done in your home)

Type of work to be performed _____ WMAA Approval _____

Duties Performed _____

Print name of person authorizing _____

AUTHORIZED SIGNATURE _____ PHONE NUMBER _____

(This cannot be a parent's signature)

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