## **COMMUNITY SERVICE**

	COMMUNICATION SERVICE		
0 11:0 10	has entered into a Diversion A	_	
	eeley County which requires him/her to perform sy service must be supervised to the extent the erified.		
SATISFAC'	QUALITY OF THE WORK PEITORY, DO NOT SIGN THIS FORM.  Non-Profit Organization:	RFORME	D IS NOT
Date	Work Performed	Hours Worked	Supervisor
		Worked	<u>Initials</u>
	TOTAL HOURS		1

Supervisor