



## Community Service Activity Log

### Please Fax to your liaison.

\*If you are an outer agency or do not have a liaison for your post, fax to

ATTN: Katurie Rouse, 212-651-2441.

### Post Contact Information

Agency/Organization: \_\_\_\_\_

Post Advisor/Contact: \_\_\_\_\_

Post #: \_\_\_\_\_

### Community Service Project Info

Service Project: \_\_\_\_\_

Date of Project: \_\_\_\_\_

Organization Assisting: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact at the Organization: \_\_\_\_\_

Type of Project: \_\_\_\_\_

# of youth \_\_\_\_\_

# of hours per person \_\_\_\_\_

Total hours dedicated to the project (youth x hours) \_\_\_\_\_

CO Signature \_\_\_\_\_