CALIFORNIA MINI-CORPS
COMMUNITY SERVICE REPORT

MINI-CORPS STUDENT: _____

TYPE OF COMMUNITY SERVICE: _____

ADDRESS OF LOCATION: _____

CONTACT PERSON (SIGNATURE): _____ PHONE #: _____

DATE(S): _____ NUMBER OF HOURS: _____

EXPLAIN YOUR INVOLVEMENT AND HOW YOU AND THE COMMUNITY BENEFITTED FROM THIS ENCOUNTER.

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STUDENT SIGNATURE_____ DATE_____