



# COMMUNITY SERVICE HOURS

Community Service/Volunteer Time *must* be verified by volunteer project leader or adult supervising project; attach additional sheets as needed.

CAMPER NAME: \_\_\_\_\_

NUMBER OF HOURS COMPLETED: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

Description of project or service performed:

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CAMP WAR EAGLE  
14323 Camp War Eagle Road, Rogers AR 72756  
Phone: 479.751.8899 Fax: 479.751.8791



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