

## Civil Air Patrol COMMUNITY SERVICE Record Log

Member's Name \_\_\_\_\_

Community Agency/Organization/Church/Synagogue  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

The above person completed \_\_\_\_\_ hours of community service with us.

Contact Person's

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please list dates and hours worked below:*

Date	Hours	Service Activity