



ACTIVITY LOG

Sunday _____ to Saturday _____
Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
(Print First & Last Name)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true to the best of my knowledge and I understand that I am only able to complete the number of hours of community service/work experience I was assigned by the MW staff. Any amount of time I have completed in excess was done so voluntarily and I understand it will not count towards my h^u= participation requirements.

2-Parent Family (Optional Data) Name of 2nd Parent: _____

Any community service (CSP) or work experience (WEP) hours MUST be approved by your MW Staff before you complete the

in accordance with the Fair Labor Standard Act

ACTIVITY	CHECK ONE: <input type="checkbox"/> JS/JR (At Service Center or Substance Abuse/Mental Health Treatment) <input type="checkbox"/> Community Service Program <input type="checkbox"/> Work Experience Program
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DATE	ACTUAL HOURS OF PARTICIPATION	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING
			Name: _____ <small>(Print)</small> Phone/Email: _____ Signature: _____ <small>(First & Last Name)</small>

Total Hours: _____