HALL COUNTY JUVENILE SERVICES
COMMUNITY SERVICE CONTRACT

I, _____ will perform _____ hours of community service at non-profit organization(s) by: _____ _____, 20_____.

ORGANIZATION: _____

SUPERVISED BY: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE	HOURS FROM-TO	# OF HOURS	SUPERVISRS INITIALS

TOTAL HOURS: _____

_____ _____, 20_____
PARTICIPANT'S SIGNATURE DATE

_____ _____, 20_____
SUPERVISOR'S SIGNATURE DATE

PLEASE RETURN THIS FORM TO :
HALL COUNTY JUVENILE SERVICES
117 EAST 1ST STREET, GRAND ISLAND, NE 68801
PHONE (308) 385-5124 FAX (308) 385-5165