

CAPITAL CITY YOUNG MARINES COMMUNITY SERVICE FORM



Instructions: Have form filled out and signed. Turn in form to the Training Officer.
If hours are approved be sure to write them onto your Community Service Log Sheet in your guidebook.

Rank / Name: _____

Date _____

To: **Whom It May Concern:**

Thank you for allowing Young Marine _____ the opportunity to volunteer for your organization. Please take a moment to complete the necessary information below so they may obtain credit towards their required community service hours. Thank you!

Capital City Young Marines

www.capcityyoungmarines.org

1) The number of hours this Young Marine volunteered with your organization: _____

Start Date _____ End Date _____

2) The name of your organization: _____

3) What type of community service did this Young Marine help your organization with?

4) How well did this Young Marine perform? _____

Authorized Name _____ Title _____

Authorized Signature _____

Phone Number _____

Community Service Hours Approved? CCYM Staff Use ONLY

___ Yes If "Yes" enter hours in Young Marine's YMSRB and YMDBS

___ No Reason: _____

___ Other _____

Authorizing Signature: _____