CALIFORNIA MINI-CORPS STUDENT
COMMUNITY SERVICE FORM

MINI-CORPS STUDENT: _____

TYPE OF COMMUNITY SERVICE: _____ LOCATION _____

CONTACT PERSON: _____ PHONE # _____

DATE(S): _____ NUMBER OF HOURS: _____
(10 hours minimum)

EXPLAIN YOUR INVOLVEMENT AND HOW YOU AND THE COMMUNITY BENEFITTED FROM THIS SERVICE/ACTIVITY:

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STUDENT SIGNATURE DATE