



Department of Georgia Community Services Hours Form

Instructions

Please fill out this form in its entirety with required signatures and submit to Adjutant within 90 days of event.

Name, Position, Regular of Associate

Month/Year

Thank you for allowing our Young Marine/Adult Volunteer the opportunity to volunteer with your organization. Please complete the necessary information below so that he/she may obtain credit towards their required community services hours.

Detachment Name & Number _____

Date of Service	Activities/Duties Performed	Total Time

Performance Remarks (How well did this Mamber Perform)?

Authorized Representative Name, Title

Authorized Representative Signature

Phone Number/Email

STAFF USE ONLY		
Approved/Submitted through Portal Officers Name/Position	Initials	
<div style="display: flex; justify-content: space-around;"> YES NO </div>		