TILLAMOOK COUNTY JUVENILE DEPARTMENT

COMMUNITY SERVICE WORK FORM

NAME OF JUVENILE _____

JUVENILE COUNSELOR _____

AGENCY/ORGANIZATION _____

NUMBER OF HOURS TO BE WORKED _____

DATE	HOURS WORKED	WORK PERFORMED	AGENCY/SUPERVISOR	COMMENTS

I, _____, being a representative of the above-named agency, declare that the above-named juvenile has fulfilled his/her obligation to this agency or organization.

_____ _____

Name – Representative Role/Title - Representative