

**WORK ETHIC CERTIFICATE
DOCUMENTATION OF COMMUNITY SERVICE
2016/17**

Student Name: _____ **School:** Logansport High School
Organization: _____

Briefly describe the community service activity completed by the student:

Number of hours completed: _____

Supervisor Signature: _____ **Date:** _____

Students are to return completed forms to Mr. Jay Jones or Mr. Dubes.

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