

CIVIC HONORS PROGRAM
Johnson County Community College

SERVICE HOURS REPORT (complete a separate report for each service site)

Name _____ Date _____

E-Mail Address _____ JCCC I.D. # _____

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Name of Community Non-Profit Organization or Governmental Agency

Supervisor _____

Dates of Service (from ... - to...) _____

Number of Hours _____

Describe the community issue or need addressed by the organization. _____

Describe your volunteer activities or responsibilities. _____

What else needs to be done to improve the situation? _____

Describe the impact of your service on the people you served and their impact on you.
