



# COMMUNITY SERVICE VOLUNTEER TIME SHEET

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone \_\_\_\_\_

### Community Service Hours

| Date | Description of Work | Location | Supervisor | No. of Hours |
|------|---------------------|----------|------------|--------------|
|      |                     |          |            |              |
|      |                     |          |            |              |
|      |                     |          |            |              |
|      |                     |          |            |              |
|      |                     |          |            |              |

Supervisor \_\_\_\_\_  
(Print Name)

Client \_\_\_\_\_  
(Print Name)

Supervisor \_\_\_\_\_  
(Signature)

Client \_\_\_\_\_  
(Signature)

**This form must be mailed or faxed to your property manager at the address below:**

Housing Connect  
3595 South Main Street  
Salt Lake City, Utah 84115

Fax Number: 284-4406

*Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.*

