



# California Military Institute

Home of the Rough Riders

755 North A Street, Perris, CA 92570  
phone: 951-443-2731 fax: 951-943-0473

## COMMUNITY SERVICE HOURS

(PLEASE PRINT)

Cadet Name \_\_\_\_\_ Grade \_\_\_\_\_

Date: \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Hours \_\_\_\_\_ Uniform: Y N

Name of Organization: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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Date: \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Hours \_\_\_\_\_ Uniform: Y N

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Work Performed: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

I understand that I shall be honest in all matters regarding my community service.  
I verify that the information on this sheet is correct.

Cadet Signature: \_\_\_\_\_

CMI JROTC Teacher Signature: \_\_\_\_\_

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TO BE COMPLETED BY 1 Period Teacher:

Hours Credited \_\_\_\_\_ Total Hours Received \_\_\_\_\_



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