SORNA Healing and Reentry
700 Black Kettle Boulevard
P.O. Box 102
Concho, Oklahoma 73022-0102

COMMUNITY SERVICE LOG SHEET

Participant's Name: _____ Phone Number: _____

Date	Number of Hours Worked	Duties Performed	Department/ Organization	Supervisor Name	Supervisor Phone Number

Supervisor Comments:

_____

_____

_____

Supervisor Signature**:** _____ Date: _____

This form must be completely filled out.
Please return to SORNA Healing and Reentry when hours are completed.