Community Service Completion Form

Name:_____

Company:_____ Room #:_____

Class:_____ Phone #:_____

Community Service Location: _____

Community Service Task: _____

Supervisor: _____

Hours Completed: _____

□ Outside Community Service (found and completed on your own)

□ Through MMA (advertised by MMA)

PLEASE BE ADVISED CADETS AT THE MASSACHUSETTS MARITIME ACADEMY ARE SUBJECT TO AN HONOR BOARD AS OUTLINED IN THE REGIMENTAL MANUAL APPENDIX A (AMENDED 1 SEPTEMBER 2008) IF THEY DELIBERATELY DECEIVE ANOTHER BY MAKING ANY FALSE STATEMENTS.

_____ _____

Volunteer Signature Date

_____ _____

Supervisor Signature Date

THANK YOU FOR YOUR SERVICE!