Youth Na	Youth Name:					
File No.: _		Case No.:				
Age:	DOB:	Sex:				



## **Community Service Log**

Organization	Activity	Hours	<b>Authorized Signature</b>	Printed Name

Please ensure that all entries are accurate and legible. Each entry should correspond to a specific instance of community service completed. Make sure to record your hours promptly after completing each volunteer activity. The authorized signature serves as confirmation that you have fulfilled your community service requirements at the designated organization. If you have any questions or concerns, please contact the court at <a href="fclc.Traffic@fultoncountyga.gov">FCJC.Traffic@fultoncountyga.gov</a>.