

Youth Name: _____

File No.: _____ Case No.: _____

Age: _____ DOB: _____ Sex: _____



Community Service Log

Organization	Activity	Hours	Authorized Signature	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 FCJC.Traffic@fultoncountyga.gov.