Victor Valley College – Paramedic Academy

COMMUNITY SERVICE REPORT

STUDENT NAME _____ ACADEMY # / YEAR _____

SUBMITTED TO: _____ _____
Instructor Name Today's Date

BRIEF DESCRIPTION, DATE, AND TIME SPAN OF ACTIVITY

_____

_____

_____

_____

_____

_____

_____

_____

_____

TOTAL HOURS COMPLETED _____

VERIFICATION

SIGNATURE _____ PHONE _____

PRINT NAME _____ TITLE _____

COMMENTS REGARDING STUDENT'S PARTICIPATION

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