Highlander Composite Squadron
Civil Air Patrol
Community Service Record Log

CAP Member Name: _____ CAP ID: _____

Community Agency / Organization / Church / Other

_____

Address: _____

_____

_____

Contact Person: _____

Phone #: _____

Email Address: _____

Please list dates and hours worked below:

Date	Hours	Service Activity

If you need an additional page, start a second page, then staple and turn them in together.

The member listed above completed _____ hours of community service with us.

Contact Person's signature: _____ Date: _____