

MECKLENBURG COUNTY YOUNG MARINES COMMUNITY SERVICE FORM

Instructions:

Have this form filled out and signed and turn in form to the Adjutant within 90 days of event

Rank / Name: _____

Thank you for allowing our Young Marine the opportunity to volunteer for your organization. Please take a moment to complete the necessary information below so they may obtain credit towards their required community service hours.

1) The number of hours this Young Marine volunteered with your organization: _____

Start Date: _____ End Date: _____ (Use date format MM/DD/YY)

2) Organization Name: _____

3) What type of community service did this Young Marine help your organization with?

4) How well did this Young Marine perform? _____

Authorized Name: _____ Title: _____

Authorized Signature: _____

Phone Number/Email; _____

MCYM Staff Use ONLY

Community Service Hours Approved? Date verified: _____

____ Yes Date entered in YMDS; _____ (MM/DD/YY)

____ No Reason: _____

____ Other _____

Authorizing Signature: _____