

Clovis West Area Instrumental Music Citizenship/Volunteer Form

Name: _____

Class Period(s): 0 1 2 3 4 5 6 7 8

Date of Service: _____

Event Name and Location: _____

Time Started: _____ Time Completed: _____ Total Time: _____

Description of Volunteer Work Performed: _____

Student Signature: _____

Event Supervisor Signature: _____

**For Office Use Only: Approved Recorded in Q*

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