

# MANNA HOUSE COMMUNITY SERVICE

Member: \_\_\_\_\_

File Nr: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nr: \_\_\_\_\_

## WORK SCHEDULE

DAY/DATE	TIME IN/OUT	NR. HOURS
MON _____	_____	_____
TUE _____	_____	_____
WED _____	_____	_____
THUR _____	_____	_____
FRI _____	_____	_____
SAT _____	_____	_____
SUN _____	_____	_____
TOTAL HOURS =		_____

Agency Representative's Signature: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMUNITY SERVICE**

**MANNA HOUSE COMMUNITY SERVICE**

Member: \_\_\_\_\_

File Nr: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nr: \_\_\_\_\_

**WORK SCHEDULE**

DAY/DATE	TIME IN/OUT	NR. HOURS
MON _____	_____	_____
TUE _____	_____	_____
WED _____	_____	_____
THUR _____	_____	_____
FRI _____	_____	_____
SAT _____	_____	_____
SUN _____	_____	_____
TOTAL HOURS =		_____

Agency Representative's Signature: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMUNITY SERVICE**