

**COUGARS ACHIEVING THROUGH SERVICE (CATS)  
HOURS SUMMARY**



**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

DATE	COMMUNITY ORGANIZATION/EVENT	REPORT PAGE #	HRS.	SUPERVISOR'S SIGNATURE & TITLE <small>(Must be Non-Family Member)</small>	LOCAL TELEPHONE #
4/13	Junior Volunteer Program Katy Memorial Herman Hospital	1	4	<i>Jane Doe</i> Volunteer Coordinator	(281) 395-XXXX
Total Number of Hours					

I, \_\_\_\_\_, certify that I have completed the documented community service (printed name) \_\_\_\_\_  
(signature)