CHAPTER CIVIC ACTIVITIES REGISTRATION FORM

SCHOOL NAME	

Total number of MCA Community Service Hours:	
Please list all related service activities performed by the JMG Chapter:	
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•

I, the undersigned, attest that the hours of community service and respective projects were performed by my high school's JMG Chapter.

I consent to this information being reproduced, used and/or modified in any way for use by the Jobs for Montana's Graduates Program.

JMG Chapter Representative (Student) Signature: _____ Date: _____

Career Specialist Signature: _____ Date: _____