

INDIVIDUAL CIVIC ACTIVITIES REGISTRATION FORM

SCHOOL NAME	
STUDENT NAME	
TOTAL SERVICE HOURS	

Total number of MCA Community Service Hours:			
Please list all related service activities performed by the student in JMG:			
ACTIVITY	HOURS	ACTIVITY	HOURS

Total number of independent Community Service Hours:			
Please list all related service activities performed by the student outside of JMG:			
ACTIVITY	HOURS	ACTIVITY	HOURS

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: _____