



**COMMUNITY SERVICE HOURS
- VERIFICATION -
Jefferson College Law Enforcement Academy**



Date: _____

Name: _____

Class #: _____

Event: _____

Date of Event: _____

Times: from _____ to _____ **Total hours:** _____

Officer/Deputy Name: _____

(Printed)

Comments/Description of Duties:

Signature of Officer/Deputy

Signature of Recruit

Capt. Paul Ferber, Academy Director