



# COMMUNITY SERVICE TIME SHEET

**Molalla Municipal Court**  
117 N. Molalla Ave., Molalla, OR 97038  
Ph: 503-829-7711 | Fax: 503-829-3676  
court@cityofmolalla.com

DEFENDANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

COURT ORDERED HRS: \_\_\_\_\_ DATE CLIENT WILL START: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AGENCY LOCATION: \_\_\_\_\_

Clients must work a minimum of 8 hours per week unless directed otherwise by the Community Service Coordinator. Hours must be faxed monthly to us or client will be terminated from your agency.

DATE	TIME IN	OUT	TOTAL HRS	SUPERVISOR	DATE	TIME IN	OUT	TOTAL HRS	SUPERVISOR

CHECK ONE: Completed: \_\_\_\_\_ Not Completed: \_\_\_\_\_

Comments on volunteer's performance:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Agency Signature (Supervisor)

\_\_\_\_\_  
Date

**NOTE TO SUPERVISOR:** Please initial and note number of hours the volunteer performed on each specific date. If the client fails to contact or report to your agency within two weeks, please return the time sheet to us with the reason for termination.

If you have any questions, please call us. Thank you for your cooperation and participation in this community program!