



VALLEY ALCOHOL SAFETY ACTION PROGRAM

240 North Central Avenue
Holiday Court Suite B
Staunton, VA 24401

STAUNTON

240 North Central Avenue
Holiday Court Suite B
Staunton, VA 24401
PHONE (540) 886-5616
FAX 540-332-7725

WAYNESBORO

240 North Central Avenue
Holiday Court Suite B
Staunton, VA 24401
PHONE (540) 943-4405
FAX 540-332-7725

LEXINGTON

20 S. Randolph Street
Suite 200A
Lexington, VA 24450
PHONE (540) 463-2471
FAX 540-463-4551

COMMUNITY SERVICE LOG

AGENCY: _____

PARTICIPANTS NAME: _____

DESIGNATED NUMBER OF
HOURS: _____

COMPLETION
DEADLINE: _____

DATE	TIME IN	TIME OUT	HOURS	Supervisors initials

Please complete, sign, and return this form to the participant. He/she is responsible for returning the time sheet to Valley ASAP.

Supervisors Name: _____ Phone #: _____

Signature: _____ Date: _____

Participant authorizes Valley ASAP to disclose to and obtain from, the agency listed above, information necessary to verify the completion of the reported community service hours.