



**DRUG ACCOUNTABILITY PROGRAM**

**Denise Janssen, Director**  
djanssen@co.seward.ne.us  
**Casey Tiemann, Coordinator**  
ctiemann@co.seward.ne.us

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**COMMUNITY SERVICE FORM**

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|--|
| Name: _____                              |
| Total Hours: _____                       |
| Denise Janssen – Drug Program Director   |
| Casey Tiemann - Drug Program Coordinator |

|                       |
|-----------------------|
| Business Name: _____  |
| Address: _____        |
| Phone Number: _____   |
| Contact Person: _____ |

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**Complete all sections of this form.** Supervisor signing off on hours must be able to verify hours were completed. If hours are not confirmed and/or the work performed was not acceptable, you may not receive credit for your community service hours.

PLEASE FILL OUT A NEW FORM WITH EACH NEW BUSINESS/ORGANIZATION

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| Date | Hours | Duties/Task completed | Supervisor Signature |
|------|-------|-----------------------|----------------------|
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