

**SERVICE REQUIREMENT CHECK-IN 2**  
**Requirement #4c**

1. What is your issue/problem?
2. How many hours did I already count for you (from the last check-in)? \_\_\_\_\_
3. About how many NEW hours (or minutes) have you completed? Total (count your time giving cans, at meetings, recycling, interviewing people, going to city hall, etc.)

Date of Service	Amount of hours (minutes)	Brief Description of Service What did you (as an individual) do?

5. What are you going to do next, for your service?
6. Please attach all papers/documents/evidence of your service work to this paper.

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 AMERICAN GOVERNMENT UNIT 2 - GIP NAME \_\_\_\_\_ PER. \_\_\_\_\_

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