



**COSGP
Touch Hours Authorization Form**

Return this form to the TOUCH Coordinator

Current Date: ___/___/___

Name of Organization: _____ \

Name of Community Service (CS): _____

Location of CS: _____

Date of CS: ___/___/___ **Begin Time:** _____ **End Time:** _____ **Total Hours:** _____

Description and Purpose of Community Service:
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Signature: _____ **Date:** _____
Community Service Contact

FOR ADMINISTRATIVE USE ONLY

Comments:
