

**SPOKANE COUNTY 4-H WORKING RANCH HORSE
COMMUNITY SERVICE DOCUMENTATION**



4-H MEMBER:

4-H MEMBER'S CLUB NAME:

4-H YEAR:

LEVEL TO APPLY TO:

DATE PERFORMED:

 1 2 3 4

PLACE COMMUNITY SERVICE WAS PERFORMED:

GOAL OF PROJECT:

DESCRIBE YOUR DUTIES:



WRH COMMITTEE MEMBER OR LEADER THAT OBSERVED PROJECT:

SIGNATURE OF MEMBER:

SIGNATURE OF OBSERVER: