



# City of Bridgeport

## Youth Services

### LIGHTHOUSE PROGRAM

Name: \_\_\_\_\_ Work Assignment: \_\_\_\_\_

Week Beginning: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Day	Time In	Time Out	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
		Total Hours For the Week =	

Signature of Student \_\_\_\_\_

Supervisor \_\_\_\_\_