Student Community Service Program
Student Log

Name _____ **Phone #** _____

Address _____ **Grade** _____

This section is to be filled each time service is completed and verified by the organization volunteer coordinator/director. Student volunteer service must be reported in no less than 30-minute increments.

It is the student's responsibility to maintain the verification of community service hours.

DATE	HOURS SERVED	SERVICE PERFORMED	ORGANIZATION	TITLE AND SIGNATURE OF COORDINATOR/ DIRECTOR	CONTACT OF COORDINATOR/ DIRECTOR

TOTAL HOURS _____ **STUDENT SIGNATURE**_____

DATE SUBMITTED _____ **PARENT/GUARDIAN SIGNATURE**_____