

Date	Task Performed Brief Explanation	Hrs. Worked	Community/School Agency/Organization	Title & Signature of Supervisor	Phone # or Email
		Total#			

Student Name: _____

Email: _____

Verification of volunteer/community service hours are the responsibility of the student.

Please submit this form to grade level advisor for community service hours (be sure to total hours).

I verify that this log is an accurate record of my unpaid volunteer /community service.

Student Signature: _____

Date: _____