



# Community Service Log Sheet

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Quarter: Q1 Q2 Q3 Q4

Total # Hours for this Log Sheet: \_\_\_\_\_

Name of Organization, Activity and/or Event	Description of Services or Duties Provided	Date & Shift Time	# of Hours	Supervisor Name & Contact Email/Phone	Supervisor Signature

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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