

Community Service Hours Log

Student's Name _____ Graduation Year _____

Advisor's name _____

Date of Service	Hours Served	Description of Activities	Name of Organization	Name/Signature of Supervisor

Student / Advisor Signatures

I verify that I have completed the above documented service.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

PLEASE RETURN FORM TO ADVISOR OR MRS. MOORE TO BE ENTERED.

For Office Use:

_____ DATE ENTERED INTO COMMUNITY SERVICE LOG _____ INITIALS

**It is recommended that community service is pre-approved so that it for sure can be counted. Pre-approval can be through your advisor, Administration, or Mrs. Moore