

# COMMUNITY SERVICE LOG

Student Name \_\_\_\_\_ Class of \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Brief Explanation of the experience(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation of the experience(s): (ex. What did you learn about yourself and the people you helped? What did you like/dislike about the experience?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verification of Community Service (complete before submitting this time log sheet):

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

Parent/Guardian Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Title \_\_\_\_\_ Phone # \_\_\_\_\_

Date Submitted to your counselor: \_\_\_\_\_

