



Volunteerism/Community Service Log Sheet

Last Name: _____

First Name: _____

Graduation Year: _____

Date	Hours	Agency/Business Name	Phone Number	Supervisor's Name	Supervisor's Signature
<u>Total Hours</u>		Student Signature:	Parent Signature:		

Please Note: The back of this form must be completed by your Volunteer Supervisor



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This section to be completed by your Volunteer Supervisor:

Volunteer Agency/Business: _____ Supervisor Name: _____

Please provide a brief description of volunteer responsibilities: _____

Supervisor's Signature: _____

Volunteer Agency/Business: _____ Supervisor Name: _____

Please provide a brief description of volunteer responsibilities: _____

Supervisor's Signature: _____

Volunteer Agency/Business: _____ Supervisor Name: _____

Please provide a brief description of volunteer responsibilities: _____

Supervisor's Signature: _____