Woodbridge High School Community Service Log
2014-2015

STUDENTS NAME:

Guidance Counselor: **Grade:**

Dates of Service	Name of Organization	Number of Service Hours	Name of Supervisor	Signature of Supervisor	Supervisor's Phone Number
2013-2014	Total Number of Community Service Hours				

Student Signature _____ **Date** _____

I hereby certify that the above information is an accurate description of my volunteer service.

Parent/Guardian Signature

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_____ **Date**_____