



Community Service Log

Name: _____ Homeroom: _____ Quarter: _____

Service Location	Task	Date	Quantity of Time (hours)

Quarter Total: _____

Supervisor Signature(s): *You only need one signature per supervisor for the entire quarter at the end of the quarter.	_____	Date:	_____
	_____		_____
	_____		_____
	_____		_____

