

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Complete the chart below each time community service is performed. Each entry must be verified by the adult supervising your work. It is the responsibility of the student to obtain verification for community service hours performed and submit the completed form to Ms. Snyder. Make a copy of the log for your records, as well.

Date	Start Time	Stop Time	Total Hours	Location	Description of Activity	Supervisor's Name	Supervisor's Signature	Supervisor's Contact Email or Number
10-10-16	9:00 AM	11:30 AM	2.5	Noland Trail	Picked up branches and debris.	John Smith	John Smith	<a href="mailto:JohnSmith@yahoo.com">JohnSmith@yahoo.com</a> (012) 345-6789

<b>Total Hours</b>	
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I verify that this log is a true and accurate record of my community service.

\_\_\_\_\_

**Student's Signature** **Date Submitted**