



Community Service Log

COMMUNITY SERVICE INFORMATION		
Name:		
Date(s) of Service (mm-dd-yy):	Number of Hours:	
Company/Organization Name:		
Address:		
City:	State:	Zip:
Contact Name:	Contact Number: ()	
DESCRIPTION OF SERVICES		
Please briefly describe the services that you participated in.		
CONTACT CERTIFICATION		
I certify that the student participated in the community service described above for the specific number of hours.		
_____	_____	
Contact Printed Name	Contact Signature	