Name:		SERVICE LOG		Grade Level:		
Date	Name and Address of SERVICE LOCATION	SUPERVISOR'S NAME	PHONE NUMBER	Description of SERVICE WORK	TOTAL HOURS	
HAVE THE FORM	BELOW SIGNED BY YOUR SU	JPERVISOR AT THE SERV	ICE AGENCY/LOC	ATION:		
Name of Student	•	hours of service fo of hrs.	r this agency/location	n on this date Date		
Date	Name and Address of	SUPERVISOR'S	PHONE	Description of	TOTAL	
	SERVICE LOCATION	NAME	NUMBER	SERVICE WORK	HOURS	
HAVE THE FORM	BELOW SIGNED BY YOUR SU	JPERVISOR AT THE SERV	VICE AGENCY/LOCA	ATION:		
Name of Student	•	hours of service fo	r this agency/location	n on this date Date		
	Signature	Signature of Person Certifying Hours Phone Number				

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