

For office use only:

Date Entered _____

Hours Entered by _____

High School Community Service Hours Log



Name _____ Home Phone _____

Student ID# _____ Date _____

School _____ Expected Graduation Year _____

Date	Number of Hours Worked	Task Performed (Brief Explanation)	Community Organization	Signature of Supervisor
Total Hours				

REQUIRED - Community service self-evaluation: Type and attach a 1-paragraph summary of your service work experience. The intent of this section is to encourage students to reflect upon the service work experience itself. Students consider the difference they have made in their community and/or the life-long learning skills of planning, organization, collaboration and leadership they have acquired.

- Signature:** Student signature below indicates that the student understands:
1. Student may only earn service work hours after the Community Service Plan has been filled out and approved.
 2. Student may only earn service work hours in Grades 9-12 (summer before 9th grade is acceptable after student has been promoted).
 3. Student understands that community service hours may not be earned through:
 - a. Court mandated community service
 - b. An activity for which a student benefited financially or materially for the volunteer service worked
 - c. Family related activities or service to family members (ex. babysitting, completing assigned chores, etc.)
 - d. Religious activity which can be interpreted as proselytizing (definition: to advocate, promote or attempt to convert (someone) from one religion, belief, or opinion to another). This does not include religious education or service.
 - e. Donations, such as Locks of Love or giving blood
 - f. Service work that earns the student academic credit (except for credit earned through an approved service-learning course).
 - g. An activity where there is no responsible adult or supervisor on site to evaluate and confirm student performance.

I verify that this log is a true and accurate record of my unpaid community service hours.

Student Signature: _____ Date Submitted _____