

FLVS Full Time Student Community Service Program: Student Service Log

Student Information

Student Name _____ FLVS Full Time ID _____

Home Address _____

Phone Number _____

This section is to be filled in each time service is completed and verified by the organization’s Coordinator/Director. Student’s community service must be reported in no less than 30 minute increments. **It is the student’s responsibility to maintain the verification of community service hours.**

Date	Hours Served	Organization	Title and Signature of Community Service Coordinator/Director

