

Community Service Hours Log

Date:				
Student Name	е			1
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service must b		ess than 30 mi	nute increment	Student's community s. It is the student's hours.
Date T	ime spent	Activity completed/Task Performed		
Cumulative nu	mber of communi	ty service hou	rs spent at/for tl	his organization:
I	(organization representative's name)		attest that	(student name)
has complete	d (total serv	(total service hours)		(organization)
Signature:			Date:	



Community Service Hours Student Reflection & Approval Form

Student name:				
Organization name:				
Cumulative hours completed:				
Which social issue did you choose and why?				
Brief description of community service activity:				
and the second and th				
Reflecting on your experience, what did you learn and/or what did you accomplish while giving back to this organization? What was the overall impact on the social issue?				
Once hours are completed, please submit this form (both pages) along with your student community service pledge sheet to your school counselor.				
Approval Information				
Counselor Name:				
Counselor Signature: Date:				