Seminole County Public Schools

Student Community Service Program

Student Service Log

Name____________________________________ Home Phone________________________________

Home Address ____

School ____Expected Graduation Date ____________

This section is to be filled in each time service is completed and verified by the organization Volunteer Coordinator/Director. Student volunteer 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 VOLUNTEER COORDINATOR/DIRECTOR
TOTAL HOURS			