90-18-03
9/29/2010

Santa Rosa District Schools

Community Service Hours Log
Student Log

_____ _____
Name of Student (please print) Student Number

Hours recorded here must be reflected on a Community Service Hours Certification Form. Please keep accurate records of your volunteer community service and turn them in to your school counselor.

Supervisor: Your signature certifies that the student has completed the hours listed.

Date	Place/Organization	Time Started	Time Finished	Total Hours	Signature of Supervisor

xc: Teacher
Student (if desired)

xc: Teacher
Student (if desired)