

# COLD SPRING HARBOR HIGH SCHOOL COMMUNITY SERVICE LOG

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Nature of Service Involvement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your participation was at a specific event(s), please indicate the dates and times:

Date \_\_\_\_\_ Time \_\_\_\_\_ *Supervisor's Signature* \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ *Supervisor's Signature* \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ *Supervisor's Signature* \_\_\_\_\_

(If your community service participation was an ongoing endeavor, please use the log on the reverse side.)

I affirm that all the above information is true.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daily/Weekly/Monthly Log

Agency Name Address Phone Number	Date	Hours/Nature of Service	Supervisors Signature/ Supervisor’s Role  *  *
			  *  *
			  *  *
			  *  *
			  *  *
			  *  *
			  *  *

I affirm that all the above information is true.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_