COMMUNITY SERVICE LOG

Name:		Start of Month Summary of Service				
Month:			Hours:		Advisor:	
Year:			Required:		Name:	
			Completed:		Phone:	
			Remaining:			
			Date Due:			
COMMUNITY SERVICE HOURS						
Date	Organization		Task		Hours	Supervisor Signature
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	Special Notes		1	Fr	d of Mont	h Summary
Special Notes.			•	Total Hours W	nd of Month Summary	
				Hours Remain		
				Libura Kemain	9.	
					Advisor (Annroyal
				Advisor Approval Date:		

Signature: