

Melbourne Central Catholic High School

Community Service Log



Please turn in completed forms to your Theology teacher.

STUDENT NAME: _____ CURRENT GRADE: _____ DATE FORM TURNED IN: ___/___/___

Date (MM-DD-YEAR)	NAME OF ORGANIZATION	ACTIVITY DESCRIPTION	HOURS COMPLETED	SUPERVISOR'S NAME, SIGNATURE, CONTACT INFORMATION
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				

**I submit the above community service hours to fulfill my requirement for the current school year. I understand that any misrepresentation on this document will result in disciplinary action. Please make a copy of this form and keep it for your records.

STUDENT SIGNATURE: _____ TOTAL HOURS WORKED: _____

*****Below for Office Use Only*****

Data Entry Initials: _____ Data Entry Date: _____