

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 _____