

**Cold Spring Harbor High School  
Community Service Log**

**Name:**

**Home Phone:**

**Grade:**

1) One Day Events		Total Hours
Date:		
Time:		
Name of Organization:		
Name of Supervisor (Print):		
Supervisor's Signature:		
Role/ Job of Supervisor:		
Nature Of Service Involvement:		

2) One Day Events		Total Hours
Date:		
Name of Organization:		
Name of Supervisor (Print):		
Supervisor's Signature:		
Role/ Job of Supervisor:		
Nature Of Service Involvement:		

3) One Day Events		Total Hours
Date:		
Time:		
Name of Organization:		
Name of Supervisor (Print):		
Supervisor's Signature:		
Role/ Job of Supervisor:		
Nature Of Service Involvement:		

**Cold Spring Harbor High School  
Community Service Log**

**Name:**  
**Home Phone:**  
**Grade:**

**Daily/Weekly/Monthly Log**

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