

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

Name:
Home Phone:
Grade:

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

	One Day Events	Total Hours
Date:		
Name:		
Name of Organization		
Name of Supervisor (Print)		
Supervisor's Signature		
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