Seminole County Public Schools
Student Community Service Program
Service Log

Student Name _____ Phone _____

Home Address _____

City/Zip _____

School _____ Expected Graduation Date _____

This section is to be filled in each time service is completed and verified by the organization Volunteer Coordinator/Director. Student volunteer service must be reported in no leess than 30-minute increments.

It is the student's responsibility to maintain the verification of community service hours

Date	Hours Served	Organization	Title/Signature Volunteer Coordinator/Director

GUIDANCE COUNSELOR SIGNATURE IS REQUIRED PRIOR TO STARTING YOUR COMMUNITY SERVICE

Total Hours Served: _____