COMMUNITY SERVICE LOG

Period: 20____ to 20____
Volunteer Name: _____
Organization: _____
Target Hours: _____
Supervisor: _____

PRIMARY SERVICE GOAL

DATE	ACTIVITY/TASK DESCRIPTION	HOURS	SUPERVISOR INITIALS	PROGRESS NOTES

DATE	ACTIVITY/TASK DESCRIPTION	HOURS	SUPERVISOR INITIALS	PROGRESS NOTES

Total Hours Completed:

Volunteer Signature / Date
Coordinator Signature / Date