



Colonia High School Community Service Log

STUDENTS NAME:

Guidance Counselor:

Grade:

Dates of Service	Name of Organization	Number of Service Hours	Name of Supervisor	Signature of Supervisor	Supervisor's Phone Number
Total Number of Community Service Hours					

Student Signature _____ **Date** _____

I hereby certify that the above information is an accurate description of my volunteer service.

Parent/Guardian Signature

_____ **Date** _____