Woodbridge 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**_____