

FLORIDA ATLANTIC UNIVERSITY™
A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

Community Service Log Sheet

Student Name: _____ **Student # (Focus Account):** _____ **Graduation Year:** _____

School Year: _____ **Grade Level:** _____ **Name of Organization with which the service is being performed:** _____

Summary of community service activities: _____

Supervisor's name: _____ **Supervisor's phone #: (_____) _____ - _____**

Supervisor's email: _____@_____

Please Note:

1. Submitting this log sheet does not mean the hours indicated will automatically be applied. All volunteer hours are subject to verification.
2. Service Hours must be performed at a NON-PROFIT organization. If you have any questions regarding this, please see guidance counselor.
3. Students should make a copy of this form before it is submitted and keep that copy for their records.

Date	Activity or Task Performed	Time In	Time Out	Hours Worked	Supervisor's Signature
Total Hours Volunteered					

