Seminole County Public Schools
Community Service Program

Community Service Log

Student Name _____ Grade _____ School Year _____ Date of Birth _____

Address _____ Phone _____ High School _____

Approved SCPS Community Service Site: _____

Name of Contact Person agreeing to supervise and record the hours volunteered: _____

- It is the student's responsibility to maintain an accurate account of the hours volunteered. The Contact Person agreeing to supervise the student must complete this form each time a student volunteers. Community service hours should be completed in a minimum of 30 minute increments.

DATE	# HOURS VOLUNTEERED	DUTIES PERFORMED	CONTACT PERSON OR SUPERVISOR'S SIGNATURE
TOTAL HOURS:			

☐ **VOLUNTEER HRS. VERIFIED** **GUIDANCE COUNSELOR:** _____ **DATE:** _____