Seminole County Public Schools
Student Community Service Program
Student Log

Name_____ **Phone #** _____

Address_____

School_____ **Expected Grad. Date**_____

This section is to be filled in each time service is completed and verified by the organization volunteer coordinator/director. Student volunteer service must be reported in no less than 30 minute increments.

It is the student's responsibility to maintain the verification of community service hours.

DATE	HOURS SERVED	ORGANIZATION	TITLE AND SIGNATURE OF VOLUNTEER COORDINATOR/DIRECTOR

TOTAL HOURS: _____