

COMMUNITY SERVICE LOG

Name: _____
 Organization: _____
 Address: _____
 Telephone: _____
 Supervisor: _____

Telephone: _____

Brief Description of Job Duties: _____

DATE	HOURS	TOTAL		DATE	HOURS	TOTAL

Job Performance:

Additional Comments: _____

- Excellent
- Good
- Fair
- Poor

Supervisor's Signature: _____

Date: _____