

Melbourne Central Catholic High School

Community Service Log



Please submit completed forms to the Office of Campus Ministry in the Sullivan Center

STUDENT NAME: _____ **CURRENT GRADE:** _____ **DATE FORM TURNED IN:** ____/____/____

| Date (MM-DD-YEAR) | NAME OF ORGANIZATION | ACTIVITY DESCRIPTION | HOURS COMPLETED | SUPERVISOR'S NAME, SIGNATURE, CONTACT INFORMATION |
|----------------------|-------------------------|----------------------|--------------------|--|
| ____/____/____ | | | | |
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| ____/____/____ | | | | |

**I submit the above community service hours to fulfill my requirement for the current school year. I understand that any misrepresentation on this document will result in disciplinary action. Please make a copy of this form and keep it for your records.

STUDENT SIGNATURE: _____ **TOTAL HOURS WORKED:** _____

*****Below for Office Use Only*****

Data Entry Initials: _____ **Data Entry Date:** _____