

Name: _____ Grade: _____ Date: _____

CJSF Community Service Hour Log

1) Event: _____

Description of service: _____

Date: _____ Hours: _____

Supervising Adult: (print) _____

Supervising Adult Signature: _____

Contact (phone) number for adult supervisor: _____

2) Event: _____

Description of service: _____

Date: _____ Hours: _____

Supervising Adult: (print) _____

Supervising Adult Signature: _____

Contact (phone) number for adult supervisor: _____

3) Event: _____

Description of service: _____

Date: _____ Hours: _____

Supervising Adult: (print) _____

Supervising Adult Signature: _____

Contact (phone) number for adult supervisor: _____