



Land O' Lakes High School

"Land O' Lakes High School graduates emerge prepared for lifelong learning, personal and civic responsibility, global understanding, and respect for the uniqueness of the individual."

Community Service/Volunteer Service Log

Student Name: _____ **Student #:** _____

Grade: _____ **Academy/Program:** **Child Development** **Culinary Arts** **IB**
(Circle if Applicable)

Organization Name: _____

Organization Address: _____

Contact person and phone number: _____
(An adult supervisor must oversee all activities)

Explain your role, contribution and/or responsibility with this service. Describe what you have contributed to your community and reflect on what you have learned from this service. (See reverse)

Dates of Service

Hours Served

Signature of Adult Supervisor

Total Number of Hours: _____

I affirm that all information in the above form is accurate and fully reflects my hours of service to the best of my knowledge. **Student Signature:** _____ **Date:** _____

This form will be returned if not completed in its entirety. Student is responsible for turning in the log to Guidance or the CRC, room 300. Plan to allow at least 5 days for hours to be processed.

School Use:

Approved: ___ Yes ___ No

TOTAL HOURS APPROVED: _____

Type: Community Service: _____ Volunteer Service: _____

Counselor Signature and Date: _____

Data Entry Signature and Date: _____