

Markham Woods Middle School Student Community Service Program Student Log

Name	Phone #

Address_

_Grade _____

This section is to be filled 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 COORDINATOR/ DIRECTOR	PHONE NUMBER OF COORDINATOR/ DIRECTOR	EMAIL OF COORDINATOR/DIRECTOR

TOTAL HOURS _____

STUDENT SIGNATURE______

DATE SUBMITTED _____

PARENT/GUARDIAN SIGNATURE_____