

Community/Work Service Log and Reflection

Student ID #:	Student I	Name:		
chool Name:	ool Name: Graduat			
cial/Civic Issue/Professional A	Area Addressing with Service A Work Activity:	ctivity Log (Optional):		_
				_
Service Organization/Business	Date(s) of Service Activity/Work	Contact Name	Signature of Contact	Hours Complete
flection on Service Activity tach a copy of your pay stul		Complete the reflection b	elow and submit to your school	
flection on Service Activity ach a copy of your pay stul signee by your graduation o	b for work hours if applicable. date. Note: Ideally, students so	Complete the reflection b	elow and submit to your schoo each year in high school rathe	
flection on Service Activity tach a copy of your pay stul signee by your graduation o	b for work hours if applicable. date. Note: Ideally, students so	Complete the reflection b		
flection on Service Activity tach a copy of your pay stul signee by your graduation o em all until the end of high s signing below, I certify the yen false testimony about t	b for work hours if applicable. date. Note: Ideally, students so school. at all information on this doc	Complete the reflection bubmit hours at least after		er than saving
flection on Service Activity tach a copy of your pay stul signee by your graduation o em all until the end of high s essigning below, I certify the ven false testimony about the	b for work hours if applicable. date. Note: Ideally, students so school. at all information on this doc	Complete the reflection bubmit hours at least after af	each year in high school rathe	er than saving
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