Community Service Log

To be review and signed by the supervisor at your volunteer location and by an administrator at Dove Science Academy.

Student Name:_____ Section: _____

Community Service Location: _____

Contact Name: _____

Contact Phone or Email: _____

Duties: _____

Date	Time		Total Hours	Duties / Tasks	Supervisor	
	IN	OUT			Name	Signature

TOTAL NUMBER OF HOURS: _____ Date: _____

ADMINISTRATOR'S SIGNATURE: _____