



## Community Service Time Log

\*Service performed MUST be for a NONPROFIT organization.

Student Name \_\_\_\_\_

NONPROFIT Organization/Project \_\_\_\_\_

Organization's Phone/Contact Information \_\_\_\_\_

DATE	TIME IN	TIME OUT	TOTAL TIME	ASSIGNMENT
TOTAL TIME ACCUMULATED				

**STUDENT REFLECTION** – Must be completed **by the student** after completion of service.

1. List the duties or activities you performed:

a. \_\_\_\_\_ c. \_\_\_\_\_

b. \_\_\_\_\_ d. \_\_\_\_\_

2. How has this experience enhanced your life? (Examples: application of classroom learning, career exploration, civic responsibility)

\_\_\_\_\_

\_\_\_\_\_

**To be completed by NONPROFIT ORGANIZATION**

The Clintondale High School student completed the community service as stated above.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by CLINTONDALE HIGH SCHOOL**

Signature of Counselor/Principal \_\_\_\_\_ Date \_\_\_\_\_