

**St. Augustine High School
Community Volunteer Service Log**

(Please check with your counselor to make sure activity meets the guidelines. See reverse side.)

Student Name: _____ Grade: _____

PLEASE PRINT LEGAL NAME

Organization: _____

Hours Verified by: _____
Printed Name Signature Date

Mo/Day/Year Community Service Performed: Hours:

_____/_____/_____ _____

Organization: _____

Hours Verified by: _____
Printed Name Signature Date

Mo/Day/Year Community Service Performed: Hours:

_____/_____/_____ _____

Organization: _____

Hours Verified by: _____
Printed Name Signature Date

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_____/_____/_____ _____

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Hours Verified by: _____
Printed Name Signature Date

Mo/Day/Year Community Service Performed: Hours:

_____/_____/_____ _____

Total Hours: _____

(Please hold until you have a minimum of 25 hours.)

Turn in completed form to your counselor.

Hours approved by: _____
Counselor Signature Date

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