

Community Service Log

LET LVL _____

Company _____

I _____ completed _____ hours of Community Service at
_____ on the _____.

Organization/Company: _____

Point of Contact : _____

Phone Number: _____

Services Rendered:

Signature of Organization/Company Representative for Community Service Hours:

All Blanks must be filled in and LEGIBLE. If not, the service hours will not be accepted.