

Palm Beach Gardens Community High School

# Community & School Service Log Form

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

Year of Graduation \_\_\_\_\_

Student Number \_\_\_\_\_

Date Submitted \_\_\_\_\_

Counselor's Name \_\_\_\_\_

DATE SERVED	HOURS SERVED	ORGANIZATION	SERVICE PERFORMED	AUTHORIZED SIGNATURE**	CONTACT PHONE

\*\* HOURS MUST BE SIGNED BY AN AUTHORIZED AGENT OF THE ORGANIZATION SERVED.

TOTAL HOURS \_\_\_\_\_

PARENT OR RELATIVE SIGNATURES CANNOT BE ACCEPTED.

TURN IN COMMUNITY SERVICE LOG FORMS TO THE GUIDANCE SECRETARY  
(KEEP A COPY FOR YOUR RECORDS)