



William T. Dwyer High School

Community and School Service Log Form

STUDENT NAME: _____

YEAR OF GRADUATION: _____

STUDENT NUMBER: _____

DATE SUBMITTED: _____

DATE	TIME IN	TIME OUT	HOURS SERVED	ORGANIZATION	SERVICE PERFORMED	AUTHORIZED SIGNATURE*	CONTACT PHONE #

TOTAL HOURS _____

*Hours must be **SIGNED** by an Authorized agent of the Organization served.
KEEP A COPY FOR YOUR RECORDS

Student's Signature: _____ Parent's Signature _____

UPLOAD COMPLETED FORM TO WEBSITE