



NJHS COMMUNITY SERVICE PROJECT LOG

Date	Hours Worked	Project Duties Completed	Supervisor Signature

TOTAL HOURS: _____

I _____ completed the above hours of work in order to complete a community service project under the supervision of _____.

Student Signature

Supervisor Signature(s)



NJHS COMMUNITY SERVICE HOURS LOG

Date	Hours Worked	Organization or Event Name	Activity/Service/Task	Supervisor Signature

TOTAL HOURS: _____

I _____ completed the above hours of work in order to complete a total of 20 or more hours, 10 of which are in school.

Student Signature

Supervisor Signature(s)

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