

Strasburg High School

Community Service Learning Hours Log Sheet

Please turn completed sheet into the Counseling Office when completed
Log sheet must be turned in within the same semester that the hours were completed

Student Name: _____ Grade: _____

Name of Organization that provided the Community Service Opportunity:

Is this organization listed in the SHS Service Learning Guide: **Yes** **No?**
If NO, then pre-approval must be received from administration

Administration Signature: _____ **Date:** _____
If approval is required please provide a brief description of service to be provided:

Date of Service: _____ Total Number of Hours: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Phone Number: _____

Parent Signature _____ Date: _____

Questions **MUST** be completed to receive documentation of hours
Please use complete sentences when writing your answer.

1. Describe why you chose this organization:

2. What did you do for this organization:

(See back for more questions)

3. How did this organization benefit from you and how did you benefit from this experience?

4. Would you recommend this organization to others? Why or why not?
