



COMMUNITY SERVICE LOG

Name: _____

M#: _____

Campus or Local Address: _____

Cell Phone: _____

RECORD OF HOURS

Complete this section each time community service is performed. Each entry must be verified by the Agency/Site Supervisor. It is the responsibility of the student to obtain verification for community service hours performed and submit completed form to MOVE Office.

Date	Time In	Time Out	Hours Served	Agency/Site	Agency/Site Supervisor		
					Name	Title	Signature

I verify that this log is a true and accurate record of my community service.

Student Signature

Date Submitted