



Wood River High School Community Service

Name: _____ Grade: __ Date: _____

Club / Activity: _____ Total Hours of Service: _____

Community Service Organization: _____

Organizations or individuals not on the pre-approved list for community service must be pre-approved by committee. Submit the request online on the Community Service cleared *first* with advisor and/or administration.

Service Log: Please keep track of your hours

| Date | # of hours | Description of activity |
|------|------------|-------------------------|
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Supervisor Signature

Date

Print Supervisor Name

Contact Number

Advisor Signature (if applicable for club)

Club Name

DUE DATE: A form must be submitted for each activity that is completed within two weeks of the completion of the performed service.