Community Service Hours Log

Name of Organization:_____ Contact Person: _____

Address of organization: _____

Contact information: phone – (____)____-_____ or email at _____

This certifies that _____, Date of Birth _____, has performed the following volunteer hours for the above organization. No part of these hours benefit the student or family of student and student does not receive any compensation for work provided.

DATE	ACTIVITY PERFORMED	HOURS

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