LBUSD STUDENT COMMUNITY/SERVICE LEARNING LOG

Please turn in a separate log for every project. Logs must be turned in at each semester’s end. (Class project hours may be turned in by the teacher.)

Student Name ______________________________
High School __________________
Graduating Class of 20 ______

Student ID ____________________________
Agency/Project Name ____________________________
Place of Agency/Project ____________________________
City __________________ Zip Code ______

The Supervisor’s Printed Name (Person who saw you volunteer) ____________________________

You must complete all information, total the hours, and complete the questions below to receive credit! (Training / Orientation / Preparation hours count!) Please keep a copy for your records! (Hours that cannot be verified will not be recorded. Fraudulent logs submitted, could mean the loss of all hours for that student, and other disciplinary measures.)

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Time Begin &amp; End</th>
<th>Service Activities Performed (specific tasks)</th>
<th>Supervisor’s Signature</th>
<th>Supervisors Phone (No cell phones please)</th>
<th>Daily Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Day/Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Round all minutes to the nearest ½ hour and report as .5 only)

TOTAL HOURS ______

Post Service Reflection: (Complete answers on the back if needed)

1. Choose three words that best describe your Service Learning/Community Service experience.
2. How did the Service Learning/Community Service experience teach you about potential careers?
3. How did your service help others?