Lawton Chiles Middle School

Student Community Service Program

Student Log

Name_____ Phone # _____

Address_____Grade _____

This section is to be filled each time service is completed and verified by the organization volunteer coordinator/director. Student volunteer service must be reported in no less than 30 minute increments.

It is the student's responsibility to maintain the verification of community service hours.

Date	***Hours Served***	***Organization***	***Title and signature Of Coordinator/Director***	***Phone number of Coordinator/Director***	***Email of Coordinator/Director***

Total Hours _____ **Student Signature _____**