



COLORADO
Early Colleges
 Fort Collins

Student Full Name: _____
 Advisor Name: _____
 Date: _____

PWR Endorsed Diploma Community Service/Volunteering Log (30 hours minimum)

1. Institution 2. Name of supervisor 3. Phone number	Preauthorization (advisor must sign before completion of any hours)	Hours completed Date	Signature of site manager/supervisor
1. _____ 2. _____ 3. _____		_____ _____ Date	
1. _____ 2. _____ 3. _____		_____ _____ Date	
1. _____ 2. _____ 3. _____		_____ _____ Date	
1. _____ 2. _____ 3. _____		_____ _____ Date	
1. _____ 2. _____ 3. _____		_____ _____ Date	
		Total hours _____	

 Student Signature Date

 Advisor Signature Date



Student Full Name: _____
Advisor Name: _____
Date: _____

PWR Endorsed Diploma

Internship/Job Shadow Log (10 hours minimum)

1. Institution 2. Name of supervisor 3. Phone number	Preauthorization (advisor must sign before completion of any hours)	Hours completed Date	Signature of site manager/supervisor
1. _____ 2. _____ 3. _____		_____ _____ Date	
1. _____ 2. _____ 3. _____		_____ _____ Date	
1. _____ 2. _____ 3. _____		_____ _____ Date	
		Total hours _____	

_____	_____	_____	_____
Student Signature	Date	Advisor Signature	Date

You are encouraged to do more than one internship/job shadow!
 You might find a career you really love!