

CJSF Monthly Logs

Student Name: _____

Date: _____

Grade: _____

Community Service/ Activities

Date	Activity	Supervisor	Total Time	Signature

TOTAL HOURS:

Please have teachers/adults or officers to sign for your hours and turn this sheet in each month.

PLEASE REMEMBER TO TOTAL YOUR HOURS AND FILL OUT LOG AT THE TIME OF THE SERVICE.

Keep this somewhere safe!