

# MIDLAND COMMUNITY SERVICE

## LEGACY HIGH SCHOOL

STUDENTS LAST NAME

FIRST NAME

STUDENT ID

GRADUATION YEAR

STUDENT PHONE #

NAME OF AGENCY

PHONE #

AGENCY CONTACT'S NAME

DATE

\*\*\* JUNIORS ARE **ENCOURAGED** TO COMPLETE **TEN** (10) OF THEIR COMMUNITY SERVICE HOURS DURING THEIR JR YEAR

\*\*\* SENIORS ARE **REQUIRED** TO **COMPLETE** THE TOTAL **TWENTY** (20) HOURS AND TURN IN BY THE END OF THE 4<sup>TH</sup> 6<sup>TH</sup> WEEKS

### SERVICE LOG

DATE	# OF HOURS COMPLETED	DUTIES PERFORMED	AGENT'S INITIALS
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

STUDENTS, AFTER COMPLETING YOUR HOURS, BRING THIS PAPERWORK TO

**MRS. DAVID, COUNSELORS' CLERK**

STUDENT'S SIGNATURE

DATE

AMT OF HOURS TURNED IN