

OCEANA HIGH SCHOOL NONPROFIT COMMUNITY SERVICE LOG

Please **PRINT**/fill in all required information. **If info is incomplete, you will be asked to re-do the form.

DATE TURNED IN LOG: _____ YEAR OF GRADUATION _____

STUDENT **NAME**: _____ **ID#** _____

ADVISORY TEACHER: _____

NAME OF ORGANIZATION: _____

SUPERVISOR'S NAME, PHONE & EMAIL: _____

Supervisors, please sign below to certify these hours. **ONLY sign the form:**

- After the student has done their hours and this form is completely filled out.
- If your organization is a **legal nonprofit 501 (C)(3)**. Students will only receive hours for work done in nonprofit organizations.

SUPERVISOR'S SIGNATURE: _____

TOTAL HOURS (whole log): _____

DATE (M/D/YR)	WHAT YOU DID (provide some details)	TIME IN	TIME OUT	HOURS WORKED

TOTAL HOURS (check your math!) More space on back

Office use:

Checked Entered on: _____ By: _____ Completed Hours/Required _____

