



LBUSD STUDENT COMMUNITY/SERVICE LEARNING LOG

Please turn in a separate log for every project. Logs must be turned in at each semester's end.
(Class project hours may be turned in by the teacher.)

Student Name _____ High School _____ Graduating Class of 20 _____

Student ID _____ Agency/Project Name _____

Place of Agency/Project _____ City _____ Zip Code _____

The Supervisor's Printed Name (Person who saw you volunteer) _____

You must complete all information, total the hours, and complete the questions below to receive credit! (Training / Orientation / Preparation hours count!) Please keep a copy for your records! (Hours that can not be verified will not be recorded. Fraudulent logs submitted, could mean the loss of all hours for that student, and other disciplinary measures.

Date of Service Month/Day/Year	Time Begin & End	Service Activities Performed (specific tasks)	Supervisor's Signature	Supervisor's Phone <small>(No cell phones please)</small>	Daily Hours	
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	-			()		
	-			()		
	-			()		
	-			()		

(Round all minutes to the nearest 1/2 hour and report as .5 only)

TOTAL HOURS _____

Post Service Reflection: *(Complete answers on the back if needed)*

1. Choose three words that best describe your Service Learning/Community Service experience.
2. How did the Service Learning/Community Service experience teach you about potential careers?
3. How did your service help others?