

# IH PTSA COMMUNITY SERVICE PROGRAM - Hours Log

Student Name \_\_\_\_\_

Student Email \_\_\_\_\_

Phone \_\_\_\_\_

Graduation Year \_\_\_\_\_

Date of Service	# of Hours	Name of Organization	Description of Service	Name of Supervisor	Signature of Supervisor	Supervisor phone/email

SCAN AND EMAIL completed form to: [issyhighcommunityservice@gmail.com](mailto:issyhighcommunityservice@gmail.com). PLEASE RETAIN A COPY FOR YOUR RECORDS

TOTAL HOURS

*Congratulations on your hard work and thank you for making a positive contribution to your community.*

*To the best of my knowledge, the total community service hours recorded on this document accurately reflect those hours performed by me.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

