Student Name (please print clearly): __________________________________________________
Class of 20__ __Students ID#: __________
Year in School (Please Circle One): Senior Junior Sophomore Freshman
Name of Service Event: _____________________________________________________________
Location of Event: _______________________________________________________________
Description of Community Service: _________________________________________________
_______________________________________________________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>STARTING TIME</th>
<th>ENDING TIME</th>
<th>HOURS SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH/DAY/YEAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>___Hrs. ___Min.</td>
</tr>
</tbody>
</table>

To be completed by the adult supervisor of community service event:

Please share your thoughts on the above student’s service: ____________________________
________________________________________________________________________________

Please print and sign your name below to verify that the hours were completed.

Supervisor’s Name: (Please Print): _____________________________
Supervisor’s Signature: ______________________________
Phone number and email address: (       ) - _____ - _________ Email: __________________________

*Fenton High School periodically contacts supervisors with questions about service projects.

Please return completed community service logs to the main office at Fenton High School
Contact Mrs. Bohnen for more information:
bohnen@fenton100.org
Phone: (630)860-8624