

# JOHN TAYLOR COLLEGIATE

## COMMUNITY INVOLVEMENT ACTIVITY LOG FORM



STUDENT NAME: \_\_\_\_\_

Description of Activity	No. of Hours	Name of Person or Organization Receiving Activity (Please Print)	Phone # of Person or Organization	Date(s)	Supervisor's Signature	Current Grade

TOTAL NUMBER OF HOURS: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY
DATE: _____
PREVIOUS HOURS _____
TOTAL HOURS _____