



# Bayshore

CHRISTIAN SCHOOL

## Record of Community Service Hours

STUDENT'S NAME: \_\_\_\_\_ YEAR of GRADUATION: \_\_\_\_\_

For documentation purposes, please submit this log as soon as possible after the activity.  
It is the responsibility of the student to keep a copy of the actual record of the hours of service performed.

Date of Activity	Location of Activity	Description of Activity	Hours Logged	Signature of Service Agency Contact / Phone #

Total Hours: \_\_\_\_\_

Hours eligible for Bright Futures: \_\_\_\_\_

I attest that I have performed the above hours.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor's Signature

\_\_\_\_\_  
Date