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## *SDMC Community/Volunteer Service Project/WorkTime Log and Evaluation*

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This log must be completed each day of participation in the Volunteer/Community Service Project/Work. Time will not be included unless verified by the project supervisor as confirmed by initialing the form where indicated. This form may only be submitted at the completion of the project. PLEASE PRINT LEGIBLY or type

Student Last Name:		Student First Name:			
Title of Project/Job:		Pre-Approval Code (if available):			
Date	Activity/Service Performed	Start Time	End Time	Total Hours	Supervisor's Initials

Total Number of Hours Completed: \_\_\_\_\_

Evaluation—Please describe below what you learned from your volunteer service project/work duty:

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

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

\_\_\_\_\_  
Service Project/Work Supervisor Signature

\_\_\_\_\_  
Volunteer Service Coordinator Approval

Volunteer Service Coordinator Use Only:	
Number of hours submitted to Registrar: _____	Date Submitted: _____