## SDMC Community/Volunteer Service Project Time Log and Evaluation

This log must be completed <u>each day</u> of participation in the Volunteer/Community Service Project. 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.

Student's Name:		Title of Service Project:			
Date:	Activity/Service Performed	Start time:	End Time:	Total Hours:	Supervisor's Initials
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-valuation	—Please describe below what you	i learned from your vo	ilunteer service proje	ect:	
	Student Signature  Service Project Supervisor Signature	nature		Parent Signature  Volunteer Service Coordinator Approval	
	Volunteer Service Coordinator Use Only:				
	Number of hours submitt	ed to Registrar:	Date Subm	nitted:	_