CS01

COMMUNITY SERVICE LOG
CITRUS COUNTY SCHOOL BOARD

NAME	HOMEROOM TEACHER
YEAR IN SCHOOL: 9 10 11 12	

DATE	HOURS ROUNDED TO 1/4	AGENCY	DESCRIPTION OF ACTIVITY	SIGNATURE OF ADULT SUPERVISING	SCHOOL APPROVAL

The information above is correct and true. I realize I will be ineligible for my service hours if any of this information is found to be untrue.

Student Signature Date

Parent/Guardian Signature Date

COMPLETED BY SCHOOL PERSONNEL

Signature

Total Plan Hours

Total Non-Plan Hours

Data Entry (Initials)

White: School Copy — Canary: School Copy Returned to Student — Pink: Student Copy