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

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This log must be completed each day of participation in the community/volunteer service project or for each day submitted for paid work. Volunteer/service time will not be included unless verified by the project supervisor as confirmed by initialing the form where indicated. Paid work time will not be included unless submitted with a copy of a pay stub. A supervisor signature is not required for paid work time. 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 Supervisor Signature

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

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