SDMC Community/Volunteer Service Project Time Log and Evaluation

This log must be completed **each day** 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

Total Number of Hours Completed: _____

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

_____

_____

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_____

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_____ _____

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: _____

REVISED 07/12/2021