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

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: _____

REVISED 11/1/2022