
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. PLEASE PRINT LEGIBLY or type

Student Last Name:		Student First Name:			
Title of Project:		BRHS 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:

Student Signature

Parent Signature

Service Project Supervisor Signature

BRHS Volunteer Service Coordinator Approval

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