The InspiredTeaching School

A DC Demonstration Public Charter School

COMMUNITY SERVICE TRACKER

Integrity: When someone needs help, I help them!

Student Name: _____ Graduation Year: _____

School Year: _____ Grade Level: _____

Name of Organization with which or for which the service is being performed: _____

Please Note:

1. Submitting this log sheet does not mean that the hours indicated on it will automatically be applied to your community service hours. All volunteer hours are subject to verification.
2. Students should make a copy of this form before it is submitted and keep that copy for their records.
3. Submit this form to Mr. Poole.

Date	Activity/Task	Time In	Time Out	Total Hours Work	Contact Person's name	Contact Person's Signature	Contact Person's phone number	Approved/Initial & Date
Ex. 8/28	*packing lunches for homeless at the Washington area Food Bank*	*8am*	*12pm*	*4*	*Mary Lou*		*222*	