

Name:_____

8601 W. Roosevelt Road Forest Park, Illinois 60130 Office: 708.338-4100

Fax: 708.338-4199

ID #_____

Community Service Log

Grade:_____

Date I	Place & Phone Number	Hours	What you did	Signature of adult supervisor
Ex. 1-1-07	Loyola Hospital	5 Hours	I helped file papers in the office and ran errands	
otal Davs:			Total Hours:	
Гotal Days:		Total Hours:		
Counselor Si	ounselor Signature		Date	