



807 S. 1st Ave.  
Maywood, Illinois 60153  
Office: 708.344-7000  
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## Community Service Log

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

ID # \_\_\_\_\_

Date <i>Ex.</i> 1-1-07	Place & Phone Number <i>Loyola Hospital</i>	Hours <i>5 Hours</i>	What you did <i>I helped file papers in the office and ran errands</i>	Signature of adult supervisor

Total Days: \_\_\_\_\_

Total Hours: \_\_\_\_\_

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date