



4701 Harrison St,
Hillside, IL 60162
Office: 708.449-6400
Fax: 708.449-3636

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