## **School Service Hour Log**

Please fill out each activity completely in detail. Incomplete answers will result in no credit for the activity. Please see the various organization web pages at www.dhhs.net for both fall and spring due dates. **Late turn in is not accepted.** 

Your Name:		Grade Level:			
Activity (Be very detail specific):					
Date of Activity:	Total Hours Wo	Total Hours Worked:			
Organization hours are to be ap	plied to (circle o	one);	NHS	CSF	Dolphin Pride
Type of Service (circle one):	School	Community	mmunity Recycling		
Service Hours Authorized By:					
Title/Position:		Contact phone:			
Activity (Be very detail specific):					
Date of Activity:		Total Hours Wo	Total Hours Worked:		
Organization hours are to be ap			NHS	CSF	Dolphin Pride
Type of Service (circle one):	School	Community	Recycling		
Service Hours Authorized By:					
Title/Position:	Contact phone:				