Volunteer Hours **or** Bright Futures Scholarship Community Service Hours Log Sheet

Name_____ Home Phone_____

Home Address_____Zip_____

Expected Graduation Date for Bright Futures only School

Date	Task Performed Brief Explanation	Hrs. Worked	Community School Agency/ Organization	Title/Signature of Supervisor and phone number
		Total *		

It is the student's responsibility to maintain the verification of volunteer or community service hours.
Please submit this form to Mr. Lewis, klewis@lcori.net at the end of each month. * **Please total your hours worked.**

I verify that this log is a true and accurate record of my unpaid volunteer or community service.

Student's Signature_____ Date Submitted_____