

JOHN TAYLOR COLLEGIATE

COMMUNITY INVOLVEMENT ACTIVITY LOG FORM



STUDENT NAME: _____

Description of Activity	No. of Hours	Name of Person or Organization Receiving Activity (Please Print)	Phone # of Person or Organization	Date(s)	Supervisor's Signature	Current Grade

TOTAL NUMBER OF HOURS: _____

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

OFFICE USE ONLY
DATE: _____
PREVIOUS HOURS _____
TOTAL HOURS _____