WYOMISSING AREA SCHOOL DISTRICT

COMMUNITY SERVICE LOG

STUDENT NAME: _____   GRADUATION YEAR: _____

Please complete a new log for each Volunteer Organization. Additional logs can be printed from the WASD website.

NAME OF VOLUNTEER ORGANIZATION: _____

VOLUNTEER ORGANIZATION PHONE NUMBER: _____

NAME OF SUPERVISOR: _____

WASD APPROVAL OF VOLUNTEER ASSIGNMENT: _____
(Signature of School Counselor, Principal, Assistant Principal)

Date of Service	Volunteer Assignment	Beginning Time	Ending Time	Total Time	Supervisor Initials