

IMPACT Hours Log Form 2009-2010

Please legibly complete this form and place it in the appropriate folder on the IMPACT board by the deadline. Thank you.

Student Name: _____ Grade: _____ Date Report Submitted: _____ Phone # _____

Parent Name(s) _____ Email _____

Date of Service	Organization/Location Served	Hours	Adult Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Please describe the organization or people you served and what kind of service they provide for the community. (Please write something for each place of service.)

2. Would you recommend this service opportunity to other students and families? Please explain your answer.

MAKE A COPY OF THIS FORM TO KEEP FOR YOUR RECORDS.

HRS LOGGED _____ (Office only)