Washington Latin Public Charter School
Community Service Form

Student's Name _____ **Grade** _____ **Advisor** _____

Student's Email _____ **Year of Graduation** _____

Agency Name _____

Agency Email _____ **Agency Telephone** _____

Project/Event Name: _____

Purpose of Project/Event: _____

This log is to be filled in each time service is completed and verified by the Agency

Date of Service	Start Time	End Time	# Hours Worked	Supervisor (PRINT)	Supervisor Title	Supervisor Signature
		Total Hours:				

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____