



Fenton High School Community Service - Time Log

Student Name (please print clearly) : _____

Class of 20__ Student ID#: _____

Year in School (Please Circle One): Senior Junior Sophomore Freshman

Name of Service Event: _____

Location of Event: _____

Description of Community Service _____

DATE MONTH/DAY/YEAR	STARTING TIME	ENDING TIME	HOURS SERVED
Total	-----	-----	__Hrs. __Min.

To be completed by the adult supervisor of community service event:

Please share your thoughts on the above student's service: _____

Please print and sign your name below to verify that the hours were completed.

Supervisor's Name: (Please Print): _____

Supervisor's Signature: _____

Phone number and email address: () - ____ - _____ Email:

*Fenton High School periodically contacts supervisors with questions about service projects.

Please return completed community service logs to the main office at Fenton High School

Contact Mrs. Bohnen for more information:

bohnen@fenton100.org

Phone: (630)860-8624