



**SOUTH
LANCASTER
ACADEMY**

Serve. Love. Achieve.

Community Service Log

Student Name: _____ Grade: _____

Date of Service: ____ / ____ / ____

Location: _____

Service Provided (*Please notate if it is in-reach or out-reach service*):

Hours: _____ In-reach hours Out-reach hours

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____

Comments: _____
