WEST SHORE CHRISTIAN ACADEMY - COMMUNITY SERVICE LOG 2015-16

Name:_____ **Current Grade**_____

Organization Served:_____

Organization Contact Person:_____

Organization's Address:_____

Phone Number:_____ **E-mail:**_____

Summary of service(s) performed:_____

Date	Activity	Hours		Date	Activity	Hours

WEST SHORE CHRISTIAN ACADEMY

Total Hours_____

I attest that the information above is correct to the best of my knowledge and accurately reflects my service to the organization listed.

_____ _____

Student Signature Organization Contact's Signature

_____ _____

Date Date