

**COMMUNITY SERVICE LOG
CITRUS COUNTY SCHOOL BOARD**

CS01

NAME _____					HOMEROOM TEACHER _____				
YEAR IN SCHOOL:		9	10	11	12				

DATE	HOURS ROUNDED TO 1/4	AGENCY	DESCRIPTION OF ACTIVITY	SIGNATURE OF ADULT SUPERVISING	SCHOOL APPROVAL

The information above is correct and true. I realize I will be ineligible for my service hours if any of this information is found to be untrue.

Student Signature Date

Parent/Guardian Signature Date

COMPLETED BY SCHOOL PERSONNEL

Signature

Total Plan Hours	Total Non-Plan Hours
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Data Entry (Initials)