



THE FRANKLIN ACADEMY HIGH SCHOOL COMMUNITY SERVICE LOG

Name \_\_\_\_\_

Class of 20\_\_\_\_\_

Agency	Supervisor	Date	Volunteer Activity	Hours	Verified By								
<p>Please check the category in which your community service qualifies. If you check "Other" you must have an Admin initial to verify that the hours qualify.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <input type="radio"/> Mission Trip  <input type="radio"/> Food Pantry  <input type="radio"/> Trackout clubs/camps  <input type="radio"/> Church outreach  <input type="radio"/> Franklin Academy (mentoring, tutoring, sports, etc.)  <input type="radio"/> Non-profit event (Herbfest, Town of Wake Forest events, blood drive, etc.)  <input type="radio"/> Community organizations (BSA, Girl Scouts, Fire station, etc.)                 </td> <td style="width:50%; vertical-align:top;"> <input type="radio"/> Animal/rescue shelter  <input type="radio"/> Assisted Living  <input type="radio"/> Library/School  <input type="radio"/> Other (describe) _____                      Admin Initials _____                 </td> </tr> <tr> <td style="text-align:right;"><b>TOTAL</b></td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						<input type="radio"/> Mission Trip <input type="radio"/> Food Pantry <input type="radio"/> Trackout clubs/camps <input type="radio"/> Church outreach <input type="radio"/> Franklin Academy (mentoring, tutoring, sports, etc.) <input type="radio"/> Non-profit event (Herbfest, Town of Wake Forest events, blood drive, etc.) <input type="radio"/> Community organizations (BSA, Girl Scouts, Fire station, etc.)	<input type="radio"/> Animal/rescue shelter <input type="radio"/> Assisted Living <input type="radio"/> Library/School <input type="radio"/> Other (describe) _____ Admin Initials _____	<b>TOTAL</b>					
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This is to certify that the above named student has successfully completed the listed hours of community service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervising Adult Information:

Name \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_