



THE FRANKLIN ACADEMY HIGH SCHOOL COMMUNITY SERVICE LOG

Name _____ Class of 20_____

Agency	Supervisor	Date	Volunteer Activity	Hours	Verified By
			<i>TOTAL</i>		

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 _____