Eleanor J. Toll Middle School

Last Name:	First Name:	ID #:	Grade:	

TOUL						
F	ITANS					

Community Service Log (21-22)

Directions: Please make sure to keep accurate records of your community service hours. Make sure that all spaces are completed and that you provide accurate contact information on your supervisor. Any community service that cannot be verified will not be considered. Completed paper forms should be submitted to

IVANS	Counseling office or electronically in the Counseling Google Classroom by May 19,2022.							
Date	Activity Description Describe the location and what you did	Organization name	Supervisor's Name email & phone #	Start Time	End Time	Total Minutes	Supervisor Signature	
	1		Co *Please note, a total of 25 hours	mmunity Service Total (I	lours and Minutes)		Total Here	