

**OCEANA HIGH SCHOOL
NONPROFIT COMMUNITY SERVICE LOG**

Please fill in all required information completely.
If information is left off, you will be asked to re-do the form

DATE TURNED IN LOG: _____ YEAR OF GRADUATION: _____

STUDENT'S NAME (PRINT): _____

ADVISOR: _____

NAME OF ORGANIZATION: _____

SUPERVISOR'S NAME & PHONE & EMAIL: _____

DATE (m/d/yr)	WHAT YOU DID (provide some details)	TIME IN	TIME OUT	HOURS WORKED
TOTAL HOURS (check your math!) More space on back				

TOTAL HOURS: _____

"I certify that this organization is a legal nonprofit 501(c)(3)"

SUPERVISOR'S SIGNATURE: _____

STUDENT'S SIGNATURE: _____

