

Irvine High School Community Service Log 2023-24

Full Legal Name:	Long Student I.D. Number:
Graduation Year:	Cell Phone & Email:

DUE MAY 20th @ 3:00PM. TURN FORMS INTO THE UPSTAIRS OFFICE.

- Adult supervisor/ advisor signature and contact information is required.
- The **25 hours** must be completed at **no more than 3 separate agencies**. The intent is for you to *invest* in a particular agency you are passionate about.
- Turn in your service log when **ALL 25** hours are completed.

IHS Definition of Community Service:

“Unpaid, voluntary work *performed in order to address needs or problems in the local community*. Community service combines “community” (a group of people with a common interest, background, or purpose) and “service” (work that benefits others). This type of service involves **actively participating, connecting, and interacting** with the local community and its members.

Examples of What Does NOT Count:

- Clerical work at a local business office
- Attending lunch-time club meetings
- Internship or research assistant positions
- Attending club conferences or competitions
- Donation of goods to clubs/ organizations

Examples of What DOES Count:

- Donating your time at service events
- Packing boxes at a community food bank
- Tutoring students at a local elementary school
- Visiting residents at a local senior center

Please contact the College and Career Center if you are unsure if your hours would count as community service.

Service Position #1

Community Service Agency Name:	<i>In paragraph form</i> , please describe the goals/mission of this service agency, as well as the duties and responsibilities you held in your service position:		
Website Address:			
Dates Served:			Total Number of Hours:
Adult Supervisor/ Advisor Name (Printed):	Adult Supervisor/ Advisor Signature:		
Supervisor Email:	Supervisor Phone Number:		

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Service Position #2(if needed)

Community Service Agency Name:	<i>In paragraph form</i> , please describe the goals/mission of this service agency, as well as the duties and responsibilities you held in your service position:	
Website Address:		
Dates Served:		Total Number of Hours:
Adult Supervisor/ Advisor Name (Printed):	Adult Supervisor/ Advisor Signature:	
Supervisor Email:	Supervisor Phone Number:	

Service Position #3 (if needed)

Community Service Agency Name:	<i>In paragraph form</i> , please describe the goals/mission of this service agency, as well as the duties and responsibilities you held in your service position:	
Website Address:		
Dates Served:		Total Number of Hours:
Adult Supervisor/ Advisor Name (Printed):	Adult Supervisor/ Advisor Signature:	
Supervisor Email:	Supervisor Phone Number:	

<i>I verify that I volunteered the hours described on this form. Additionally, I certify all hours meet the IHS definition of community service.</i>	Total Hours On Form:
Student Signature:	Date: