

Irvine High School Community Service Log 2024-25

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

DUE MAY 19th @ 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. Please turn in **ONE service form to the IHS Upstairs Office or email it to ZeineCharabati@iusd.org**.
- Please make a copy for your personal records before submitting.

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

IHS Definition of Community Service:

“Unpaid, voluntary work *performed 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 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

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

Service Position #1

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

Irvine High School Community Service Log, cont'd

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: