



COMMUNITY SERVICE RECORD

Name of Student: _____ Number of hours that must be completed: _____
 Deadline: _____

**Log hours on this form and on GVSU Service Tracker:
www.gvsu.edu/service/servicetracker**

Date of Service	Arrival Time	Departure Time	# of hours worked	Agency Name, Address, Phone #	Supervisor Approval (Printed Name & Signature)

Total # of Hours Completed:

Provide a brief description of what you did and how it affected the agency you served.

Student's Signature _____ Date _____