

# Desert Hot Springs High School



## Volunteer Community Service Log (One Log Sheet Per Agency Where Hours Performed)

60 hours = 5 Credits / 120 Hours = 10 Credits

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Grade: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date:	# Hours	Type of Work Completed	Supervisor's Signature
<b>Total Hours</b>			

Hours should clearly be written and totaled at the Bottom of the column. Minutes should be documented in no less than 15 minutes blocks of time.  
 For Example 1 hour and 15 minutes would be written as 1.25, 1 hour 30 minutes would be written as 1.5, 1 hour 45 minutes would be written as 1.75.

**Disclaimer:** Please note it is the responsibility of the student and parent to arrange volunteer community service hours directly with the appropriate non-profit agencies. Agencies may include, but not limited to, State, County, and Municipal Agencies, health care facilities, and religious organizations. Desert Hot Springs High School and Palm Springs Unified School District have no liability for any personal injuries which may occur while performing independent community service hours. Additionally, Desert Hot Springs High School and Palm Springs Unified School District have no ability to determine the type of work being asked to perform at the agency or the number of hours the agency is willing to offer the student. Students must follow all health and safety directions at the agency they wish to perform their Community Service Hours at and follow all directions from their direct supervisors at the agency. Desert High School and Palm Springs Unified have no control over whether the agency will or will not sign off for hours at the end of hours performed.

I \_\_\_\_\_ have read this disclaimer and understand my responsibilities in performing Community Service Work Hours and returning the signed log sheet to get the credits for hours performed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours Performed This Agency: \_\_\_\_\_

Teacher of Record Signature as verification hours were performed successfully: \_\_\_\_\_

Date: \_\_\_\_\_

Total Credits to be Awarded: \_\_\_\_\_ Counselor of Record for Student: \_\_\_\_\_