

____ Summer Hours/ Monthly Meetings Date: ___Sept. ___Oct ___ Nov ___ Dec ___Jan ___Feb ___Mar ___ April ___ May ___ All HOURS FINALIZED BY FRIDAY, APRIL 1, 2016
 Name _____ Grade _____ Cell _____ Locker _____ Birthdate _____

*****Please note: No more than 50% of your hours may come from In-School hours serving Prep.**

Jackson Prep – Log of 2015-2016 Community Service Hours --- Service Club Member (High School)

Please record all community service work on this log. **These logs are due monthly at the time of the club meeting.** Students will begin a new log each month. Juniors please load your Junior MAD project hours **one time** on the second page at the final hours submission.

Not allowed: helping with Vacation Bible School, required work for Boy Scout or Girl Scout projects, singing in the church choir, babysitting a neighbor, helping at a for-profit business or organization, etc. If there are questions please ask ahead of time regarding your proposed service. A maximum of 10 hours of work will be accepted for the following: mission trip, political campaign, camp counselor, camp L.I.T. or work crew. PLEASE

NOTE WITH DESIGNATION **IN-SCHOOL SERVICE** FOR WORK DONE FOR JACKSON PREP. If you have questions about the eligibility of your work setting ask first before serving!

Required for year: **10 hours of In-School Service, 10 hours Community Partner, and 10 hours of Community Service (can also be additional Community Partner work) Each category can have more than 10 hours, but 10 is the minimum.**

Sample:

1.	June 3 - 6,2014	Neighborhood Christian Center www.nccjackson.com	tutoring of elementary students	6 hours	Mrs. Bruce 352-9049
----	-----------------	---	---------------------------------	---------	---------------------

	DATE/YEAR	In-School Service	WORK PERFORMED	HOURS	SIGNATURE/PHONE NUMBER/EMAIL
1.					
2.					
	DATE/YEAR	Community Partner	WORK PERFORMED		SIGNATURE/PHONE NUMBER/EMAIL
3.					
4.					

____ Summer Hours/ Monthly Meetings Date: ____Sept. ____Oct ____ Nov ____Dec ____Jan ____Feb ____Mar ____ April ____ May ____ All HOURS FINALIZED BY FRIDAY, APRIL 1, 2016

Name _____ Grade _____ Cell _____ Locker _____ Birthdate _____

	DATE/YEAR	OFF -CAMPUS COMMUNITY SERVICE	WORK PERFORMED		SIGNATURE/PHONE NUMBER/EMAIL
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
	DATE/YEAR	JUNIOR CLASS PROJECT (MAD)	WORK PERFORMED	HOURS	SIGNATURE/EMAIL/PHONE
16.					
17.					

_____ Summer Hours/ Monthly Meetings Date: ___Sept. ___Oct ___ Nov ___Dec ___Jan ___Feb ___Mar ___ April___ May ___ All HOURS FINALIZED BY FRIDAY, APRIL 1, 2016

Name_____ Grade_____ Cell_____ Locker_____ Birthdate _____

Any additional notes you want to make about your service. Any description provided is always helpful to Director of Community Service and the counselors when we write for your recommendations. Feel free to explain in more detail the hours you are submitting.

On my honor I have completed this work without obligation to or requirement by any organization and without monetary compensation.

Name

Date