

Community Service Log-Form A



Name: \_\_\_\_\_

School Year: \_\_\_\_\_ Program: \_\_\_\_\_

Date	Hours	Community Service Activity	Agency	Name of Community Service Agency Representative (Please Print and Initial)	Contact Phone #	Career- Technical Instructor Approval
TOTAL						

**\*The Senior Mandatory Work Experience Program is a requirement to participate in the MVCTC Senior Recognition Ceremony, accounts for 10% of the 4<sup>th</sup> quarter grade, and satisfies the Senior Mandatory Work Experience Program attendance requirements.**

\*This form must be complete and submitted to the career-technical instructor prior to the third Thursday in April of the senior year.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career-Technical Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career-Technical Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_