FVL VOLUNTEER SERVICE ACTIVITY LOG **NAME** _____

Name of service activity: _____

Location of service activity: _____

Initial signed approval by FVL religion teacher: _____

Keep track of the hours spent doing the service activity. After recording the necessary hours to complete the service activity, your supervisor must sign this time log. Turn in the signed time log to your faculty advisor.

Date	Hours	Activity completed	Date	Hours	Activity completed

Total hours completed: _____ (Every 30 hours = ¼ credit; 1 credit maximum each year)

Supervisor's signature: _____ Date: _____

Supervisor's phone #: _____

Parent's signature: _____ Date: _____

Home phone: _____

If the supervisor has any questions, please call Pastor David Wenzel at 739-4441.

Faculty advisor's signature: _____ Date: _____