LUTZ CENTER FOR COMMUNITY SERVICE

INDIVIDUAL VOLUNTEER HOURS LOG SHEET

YOUR NAME: _____ **Student ID #:** _____

Resident Student: ☐ **Commuter/ Life Long Learner:** ☐ **Faculty/Staff:** ☐
(please check one)

Date	Site Name	Supervisor's Name	Task / Activity	Total Hours	ORGANIZATION YOU ARE REPRESENTING (APO, COMM. SVC. CTR., AAUW, N/A, ETC.)

PLEASE FILL OUT THIS FORM COMPLETELY TO ENSURE THAT INFORMATION CAN BE ADDED TO THE COMMUNITY SERVICE VOLUNTEER DATABASE OR SUBMIT YOUR HOURS VIA OUR WEB ADDRESS:
www2.cedarcrest.edu/studentaffairs/community.htm

Contact: Lutz Center for Community Service
Office telephone number: 610-606-4603
Email address: service@cedarcrest.edu

PLEASE DO ***NOT*** INCLUDE TRAVEL TIME IN YOUR LOG OF VOLUNTEER HOURS.

FOR OFFICE USE ONLY:

HOURS VERIFIED BY C.S.C. INITIALS ____ HOURS ENTERED IN DATA BASE INITIALS ____ HOURS VERIFIED BY C.S.D. INITIALS ____

DATE RECEIVED INITIALS ____