Seminole County Public Schools
Student Volunteer Service Program
Approved Service Plan Log

Student Name_____ Grade_____ Graduation Year_____

Date of Birth _____ Phone #_____ High School _____

Mailing Address _____

Email Address _____

Student's selected social or civic issue or professional area of interest: _____

It is the student's responsibility to maintain the verification of community service hours.
Use multiple pages if necessary to document up to 100 hours.

DATE	HOURS SERVED	ORGANIZATION	TITLE AND SIGNATURE OF VOLUNTEER COORDINATOR/DIRECTOR

TOTAL HOURS: _____

We certify that the above hours were completed after approval of an SCPS Student Volunteer Service Plan and that all of these hours meet the *SCPS Student Volunteer Service Program Guidelines*.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Organization Contact Signature: _____ Date: _____

Principal or designee signature below indicates that the hours have been accepted and recorded:

Principal's (or Designee) Signature _____ **Date** _____