



École Sir John Franklin High School

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Community Service Log

Student Name: _____

Name of Counsellor: _____

Dates Worked: _____ Total Hours Worked: _____

Description of tasks completed: (if necessary please use back of form)

Regulations Governing the Use of this Log:

1. Before you begin, check with your Counsellor to ensure that the volunteer work is acceptable.
2. Separate logs are to be completed for each different non-profit organization you work with.
3. Entries must be signed by your supervisor.
4. Logs must be handed in to your Counsellor upon completion of your hours.
5. NOTE: hours cannot be used for duplicate credits.
6. By signing the log, the supervisor certifies that the number of hours is correct.

Supervisor Signature: _____

Supervisor Name (please print): _____

Name of Non- Profit Agency: _____

Phone number during the day: _____