Sky Mountain Charter School
Community Service Hours Log
(Please ~ one form per CSH organization)

Student Name: _____ Grade: _____ ES:_____

Organization Name: _____
Address: _____
Supervisor/contact:
Name: _____ Phone #:_____
email:_____

Date	# of Hours	Description of work/activity

Supervisor signature: _____ Date_____

Parent signature _____ Date_____

Student signature:_____Date_____

Submit log(s) to your ES
*You must attach a business card or flyer for the organization.
Important: Make a copy of the completed CSH form/documentation for your records.