Chino High School
AVID Community Service Log

Name of AVID Student: _____ School Year: _____

Date *(e.g., – 9/15/16)*	**Start Time**	**End Time**	**Total Hours** *(e.g., - 1.5)*	**Location/ Tasks Performed** *(e.g., - Smith Convalescent Hospital/Read to patients, St. Mary's/Served Communion)*	**Supervisor's Position**	**Supervisor's Signature**

Total hours completed by AVID Student: _____

Total hours verified by AVID Elective Teacher: _____
(Faculty signature)