



**New Hope Missionary Baptist Church
Community Service Log**

Name: _____

Use A Seperate Sheet of Paper If Needed

	Agency	Date	Volunteer Activity	Hours	Verified By
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Page 2 must be completed by the person named above and must accompany this log.

This is to certify that the above named person has successfully completed the minimum number of hours for the community service requirements.

Signature of Advisor

Phone/email

Date

Contact information must be completed. The committee will verify service hours with contact listed above.

Please Keep A Copy of This Form For Your Records.