**DeLaura Middle School**

**SALT Volunteer/Community Hours**

**2023-2024 Service Log**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All students in the SALT Program are required to complete 25 hours of community service during the year. **A minimum of five hours** of service time must be completed on campus. The remainder of the hours required maybe completed off campus.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Task Performed****Brief Description** | **Hours Worked** | **In/Out of School** | **School/ Organization Name** | **Title/Signature of Supervisor and Phone Number** | **Teacher Approval** |
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|  | **Total Hours Worked** |  |  |  |  |  |

It is the student’s responsibility to maintain the verification of volunteer or community service hours.

Please submit this form to Mrs. McWilliams at the end of each semester. **At least half of the hours should be completed by the December 15th. The second due date will be May 13th.**

I verify that this log is a true and accurate record of my unpaid volunteer or community service.

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_