



**CULLMAN COUNTY SCHOOLS  
COMMUNITY SERVICE ACTIVITY LOG**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Semester \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Date	Agency	Activity	Hours	Supervisor Signature	Supervisor Title and Telephone Number

Please return to the counselor at the end of each semester.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date Submitted

\_\_\_\_\_ Total Hours