SRI GANESHA TEMPLE NASHVILLE TENNSSESS
BALAVIHAR COMMUNITY ENRICHMENT PROGRAM
Service Hours Log

First & Last Name: _____ Email: _____ Grade: _____Year:_____ Sheet# ____ Of ___

Directions: *Take this sheet with you to your volunteer assignment and have it filled out each time you work.* All events must be signed by the supervising adult to receive credit. All spaces must be completed and verified for **ALL** events you do. Any community service that cannot be verified (checked) will not be considered or counted.

Date	**Activity Description** (Describe what you did & where)	**Organization** (Name)	**Supervisor Info** (Name & Phone #)	**Start** (Time)	**End** (Time)	**Total hours**	**Supervisor's** (Signature)

Community Service Total: _____ (Hours & Minutes)