Volunteer/Service Project/Work Hour ~ Time Log and Reflection Form

Lake Wales HIGH SCHOOL

Student Name: _____
ID Number: _____
Graduation Year: _____
Agency/Business Name: _____ Phone: _____
Agency/Business Contact Person's Name: _____

These hours are **(circle one)**: ***VOLUNTEER HOURS*** or ***SERVICE PROJECT HOURS*** or ***PAID WORK HOURS***

Date (mm/dd/yy)	Activity Performed	Time In	Time Out	Total Hours	Supervisor's Signature

TOTAL HRS: _____

OFFICE USE ONLY: To be completed by LWHS Staff.

Hrs. Entered in Focus by Signature: _____ ***Date:*** _____