

SURVIVE THE DRIVE

Community Service



NAME: NAME OF ORGANIZATION:

PHONE: ADDRESS OF ORGANIZATION:

EMAIL: NAME OF SUPERVISOR:

SCHOOL: PHONE # OF SUPERVISOR:

	DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

STUDENT SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE:

PLEASE EMAIL YOUR COMMUNITY SERVICE TRACKER TO: INFO@HORNE.LAW
SUBJECT LINE: **FIRST & LAST NAME - SCHOLARSHIP**

THANK YOU FOR SUPPORTING YOUR COMMUNITY