



SOUTH KINGSTOWN HIGH SCHOOL
Service Learning & Community Service Log
(please print clearly)

Name _____

SLE addressed: C6

Date of project/event _____

Hours served _____
(5 hour minimum)

Placement Site/Project (please check which one best describes your volunteer placement)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> On Campus Event | <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Library/Museum | <input type="checkbox"/> Animal Shelter |
| <input type="checkbox"/> Trash Cleanup | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Adopt a Grandparent | <input type="checkbox"/> Nursing Home/Adult Home | <input type="checkbox"/> Hospital | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Red Cross | <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Literacy | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Construction/Housing | <input type="checkbox"/> YMCA | <input type="checkbox"/> Soup Kitchen/Food Pantry | <input type="checkbox"/> Walk-a-Thon |
| <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Food/Clothing Drive | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Other _____ | | | |

Please describe what your specific task was at the placement site and how it met SLE C6:

Supervisor Signature _____ Supervisor's Phone Number _____

SKHS Staff Signature _____