TRINITY LUTHERAN COLLEGE

Service Learning Program
WEEKLY SERVICE LOG

Student's Name: _____

Faculty Mentor: _____

Community Partner/SLP Site: _____

Site Mentor Name: _____

Semester: ❑ Fall ❑ Spring Year: _____

Use this form to record service hours and types of service. Update the log weekly and bring it with you to each Friday class meeting. At the end of the semester, submit the signed form to your faculty mentor.

Date	Time (ex: 2-4 p.m.)	Total # of hours	Brief description of service involvement	Site Mentor sign-off

Date	Time (ex: 2-4 p.m.)	Total # of hours	Brief description of service involvement	Site Mentor sign-off

Total number of service hours: _____

By signing below, I certify that the indicated number of hours and types of service were completed.

Student Signature:_____ Date:_____

Site Mentor Signature: _____ Date:_____

Students are to return this completed and signed form to their Faculty Mentor at the end of the term.