

# Participation in Government--Community Service Log

Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

PIG Teacher \_\_\_\_\_ Period \_\_\_\_\_

## PART I

DATE	ACTIVITY	Time Range	# OF HOURS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

## PART II

### SERVICE EVALUATION

Please evaluate your experience at the facility named above. What did you learn? Was it a positive experience? Should we continue to send students there? This report needs to be TYPED and ATTACHED and will be kept confidential.