Community Service Log

Student must complete at least **10 hours of community service** each quarter. Students are required to provide their own transportation to and from their site. Students may not receive payment or gifts for this time or services. For ideas on Community Service opportunities please refer to: [http://sagescholars.uci.edu/](http://sagescholars.uci.edu/) under current students. Service must be completed at a non-profit organization.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>(First Name)</strong></td>
<td><strong>(Last Name)</strong></td>
</tr>
</tbody>
</table>

Students must submit this complete form when a total of 10 hours of service have been completed. Please submit your documents to Cecilia Leyva at the SAGE Scholars Program Office (120 Theory, Suite 150, Irvine, CA 92697-2505) by **June 4 before 12:00 p.m.** For each non-profit site, the student must attach the supervisors' business card.

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Number of hours</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td></td>
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<td>Name of Organization:</td>
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<tr>
<td></td>
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<td>Name of Supervisor:</td>
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<td></td>
<td></td>
<td>Telephone number:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email Address:</td>
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<tr>
<td></td>
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<td>Work Address:</td>
</tr>
</tbody>
</table>

Total Number of hours

Supervisor Signature:

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Thank you for your partnership with SAGE Scholars Program at UC Irvine. We appreciate your willingness to provide opportunities for service. We invite you to comment in our student’s participation and attitude during their time at your agency by emailing our Director, Denise Khaw  dkhaw@uci.edu or by leaving comments below.

**Supervisor's Comments:**

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Signature of Supervisor: ___________________________  Date: ______________

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**Reflection of Students Service Learning Activity:**

Describe your responsibilities as a volunteer:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Would you recommend this Site to other students? Please describe why or why not?

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Signature of Student: ___________________________  Date: ______________