



Volunteer Hours Log

Name: _____ **Grade Level:** _____ **Class of:** _____
Home Phone: _____ **Mobile Phone:** _____
E-Mail Address: _____

Instructions:

Fill in rows with information regarding to service activities. If you already have other documentation listing your service, transfer information to this document and attach the additional document.

When service hours are complete submit by the following means:

Physically hand in to Staff or at the C5LA Office **OR...**

E-mail to JessicaV@c5yf.org or LouT@c5yf.org **OR...**

Fax to 323-686-4229 **OR...**

Mail to: C5 Los Angeles
 3100 N. Broadway
 Los Angeles, CA 90031

Date	Organization/Phone Number	Service Description	Supervisor Signature	Amount of Hours

C5LA Staff Approval Signature: _____ **Total Hours:** _____