



PROFESSIONAL DEVELOPMENT/COMMUNITY SERVICE HOURS LOG

Name of Organization: _____

<input type="checkbox"/> Professional Development	<input type="checkbox"/> Leadership	<input type="checkbox"/> Community Service
Activity: _____		
Date(s) of activity: _____ Location of service: _____		
Description of Activity:		

Hours Logged: _____ Funds Raised (if applicable:): _____		

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Organization President Signature Date

Organization Advisor Signature Date

