# Student Council Service Hour Log: On-Campus Hours

Student Name: _____

** Reminder: You need a total of five on-campus hours for the school year.

| Date | Activity/Work Performed | Benefit to ACP | Amount of Time | Staff Signature |
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# Student Council Service Hour Log: Off-Campus Hours

Student Name: _____

** Reminder: You need a total of five off-campus hours for the school year.

| Date | Activity/Work Performed | Description | Accumulated Time | Supervising Adult & Contact Number |
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**Please feel free to contact Student Council Advisor regarding student's performance.**