

OCSD RSO Community Service Log

Student Name: _____

CWID: _____

RSO: _____

Name of Event: _____

Event Location: _____

Name of Official: _____

Official phone number: _____

Official email: _____

Date	Time In	Time Out	Total Hours	Signature of Official

Submission of this signed form is an acknowledgement of adherence to *appropriate* attendance.

Student Signature: _____ Date: _____