

**Blinn College
Dental Hygiene Program
Community Service Log**

Student's Name: _____ Month/Day of Birth: _____

** Community Service **must** occur between the following dates: Feb. 1, 2019 – Jan. 31, 2020*

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

TOTAL HOURS: _____