Blinn College
Dental Hygiene Program
Community Service Log

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

* *Community Service must occur in the twelve months prior to your application due date (Feb. 1, – Jan. 31).*

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: _____