



### Community Service Log

Associate Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Contact Signature: \_\_\_\_\_

#### Guidelines:

1. All Leaders are to complete a minimum of 16 hours of community service per year.
2. All hours must be completed prior to December 31<sup>st</sup> of the current year.
3. Hours completed must be voluntary in nature. Any hours for which an individual is compensated by an outside organization are not considered valid.
4. In order for an associate to be compensated by Camelback Resort for a full day there must be a minimum of 7 hours of volunteer time. A half day would constitute 4 hours of volunteer time.
5. Please note that volunteer time may not be taken during peak business periods.
6. A family member may not validate an associate's volunteer hours.
7. All community service logs must be submitted to the Human Resources Department for validation and credit.
8. A brochure or information page for the organization must be presented in conjunction with this service log.

Date	Number of Hours	Activity	Initials of Supervisor/Contact

I hereby acknowledge that the information provided above is valid:

Associate Name: \_\_\_\_\_ Associate Signature: \_\_\_\_\_