



OFFICE USE ONLY  
Date Received: \_\_\_\_\_

## Community Service Verification Form

### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Describe in detail the service you performed:  
\_\_\_\_\_  
\_\_\_\_\_

### SERVICE SITE INFORMATION

(one form per service site; must perform service at a non-profit organization)

Name of Organization: \_\_\_\_\_

Contact Person for Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

\*PLEASE DO NOT SIGN A BLANK FORM; YOU MAY BE CALLED TO VERIFY INFORMATION. SUPERVISOR MAY NOT BE RELATED TO STUDENT.

### SERVICE LOG – specific dates & times are required

(to be completed by the contact person for the organization at the time service is performed)

*By signing my initials, I verify that the above named student completed the community service hours listed below.*

DATE OF SERVICE	TIME OF SERVICE TO                      FROM	# OF HOURS SERVED	SUPERVISED BY <small>(Print Name &amp; Initial here for every work shift)</small>

**TOTAL NUMBER OF HOURS LISTED ABOVE:** \_\_\_\_\_ ←

### STUDENT & PARENT SIGNATURES

I submit the above Community Service Hours to fulfill my requirements for the current school year.

**I understand that any misrepresentation on this document will result in a referral to the Administration for disciplinary action.**

Student Signature: \_\_\_\_\_

By my signature, I verify that my son/daughter completed the community service hours at the non-profit organization listed above.

Parent Signature: \_\_\_\_\_