

COMMUNITY SERVICE VERIFICATION SHEET

Student's Name _____

Grade in School _____

Social Security Number _____

Current Date _____

Note: The student is responsible for choosing, implementing and providing verification of the completion of this community service. If there are any questions about community service criteria, please contact the High School Guidance Advisor. This form should be submitted to the Guidance Office upon completion of each service project in order for school to maintain a record of your community service hours.

Organization _____

Address _____

Telephone _____

Date of Community Service _____

Supervisor's Name/Title _____

Description of Service _____

VERIFICATION OF COMPLETED SERVICE:

Signature of Supervisor _____

Total Hours of Service _____

Signature of Student _____

Signature of Parent/Guardian _____