



# Community Service Verification Form

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Briefly describe the service(s) performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of service performed: \_\_\_\_\_

\_\_\_\_\_

Hours completed: \_\_\_\_\_

*\*Reported hours should be hours of actual work, not counting sleeping, eating, traveling, etc.*

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

Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**Please return completed form to the Registrar's Office**

For Office Use Only

Date Submitted: \_\_\_\_\_ Hours Credited: \_\_\_\_\_ Approved: \_\_\_\_\_