



COMMUNITY SERVICE VERIFICATION FORM

Student Name (Please Print):	Grade/School:
Organization Name:	Location & Phone Number:

Volunteer Activity:

Date(s) of Service	Number of Service Hours	Organization Representative Name (Please Print)	Organization Representative Signature*	Organization Representative Title

*You must obtain the signature of an official representative of the organization for which you are volunteering. Failure to comply will result in loss of credit for hours accumulated.