



Community Service Verification Form

Student Name: _____ **Date:** _____
(First) (Last)

Primary Guidance Counselor: _____

About your Service:

Total # of hours completed: _____

Date(s) completed: _____

Agency/Organization: _____

Description of Service: _____

Name of adult Supervisor at Service site: _____
(Print)

Adult Supervisor Phone Number: _____

By signing this document I verify that the stated community service hours were served sufficiently and honestly as represented on this form, under my supervision.

Adult Supervisor Signature: _____

For your records, please photocopy your completed service form before submitting it to the Guidance office.