

## Community Service Verification

Student Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervising Adult: \_\_\_\_\_

I verify this student volunteered for \_\_\_\_\_ (amount of time)  
at the location stated above. \_\_\_\_\_

(Signature required)

*Please return this form to Mrs. Barbara Johnson or Mrs. Hawkins; however, students are responsible for keeping a personal log of their hours.*

## Community Service Verification

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