Community Service Verification Form

Thank you for participating in the Community Service component required of all students Jr./Sr. High at the Rock Academy. Please take a minute to complete this form verifying the student's service.

Student name: _____ Grade level: _____

Supervisors name:_____ Phone:(_____)_____

Organization:_____

Service the student performed: _____

Amount of hours completed: _____

Date(s) service was performed: _____

Supervisor Signature: _____Date:_____

We truly appreciate the opportunity you provide our students.

If you have any questions, concerns or comments, please do not hesitate to contact us at the Rock.

Community Service Director: Stacy Halbert **Bible Teachers:** Autumn Daldo, Phil Steiner, Mark Nelson

Academy Phone: 619.764.520

_____ Date Entered