COMMUNITY SERVICE VERIFICATION FORM

This form serves to verify that _____ has completed
(Please Print Student Name)

___ hours as an unpaid volunteer for _____.

Dates of service:_____

Times:_____

Location:_____

Volunteer job function:_____

_____

_____

Supervisor Information:

Supervisor's Name: _____

Supervisor's Email: _____

Supervisor's Phone #: _____

_____ _____

Community Service Supervisor's Signature Date