



## COMMUNITY SERVICE VERIFICATION FORM

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Name of person or organization for which service was performed \_\_\_\_\_

Service performed \_\_\_\_\_

Date performed \_\_\_\_\_ Hours performed (total hours) \_\_\_\_\_

Signature of supervisor \_\_\_\_\_

.....  
Office Use: Hours for credit \_\_\_\_\_ Over hours \_\_\_\_\_



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