

\*\*FOR OFFICIAL USE ONLY\*\*

TOTAL HOURS REPORTED	

## **COMMUNITY SERVICE VERIFICATION FORM**

School Year:			Grade:			
Student's name	:					
		erved:				
Location/Addre	ess:					
Supervisor of C	Community Serv	ice:				
	visor of Community Service: Telephone:					
SERVICE HOU	RS LOG					
Date	Hours	Initials	Date	Hours	Initials	
		ty Service. I certif			orrect.	

\*\*REMEMBER TO COMPLETE THE STUDENT REFLECTION ON THE NEXT PAGE\*\*

## **STUDENT REFLECTION**

Please provide us with a short narrative description of your service, including what you learned form this experience and how your service affected others. (Note: Your form is not complete without this narrative. Thank you.)				

(A valid form must include service month/day/year, hours worked, supervisor initials on each date, the supervisor's name, signature and contact information. You may attach verification of service letter or certificate on the organization's letterhead.)