

Community Service Activity Official Verification Form

Student's Name (please print) _____

Date of Service	Hours Completed	Brief Description of Activity

"I certify that the student named above has completed the activity and hours described.

Name of Supervisor (please print): _____

Position: _____

Supervisor's Phone Number: _____

Supervisor's Email (please print clearly): _____

Supervisor's Signature

Date

Parent/Guardian's Signature

Date

The student should make copies of this form if more than one community service activity has been completed to meet the obligations for community service.