



Community Service Verification Form

Scholar's Name: _____
First Middle Last

School Name: _____ Class of: _____

Date of Service/Service Period: ____/____/____ - ____/____/____ Hours Served: ____
MM DD YY MM DD YY

➤ Where did you serve? _____
(Name and Address of the Community Service Organization)

➤ What did you do? _____

➤ What did you learn? _____

This section is to be completed by the person who supervises volunteers.

Name of Supervisor: _____

Title of Supervisor: _____

Telephone Number: (____) ____ - ____ E-mail: _____

Additional Comments: _____

OFFICE USE ONLY

Date: ____/____/____

Total Hours Logged: _____