



Community Service Hours Verification Form

Student Name: _____ Grade: _____

ID Number: _____

Date of experience _____ Number of service hours _____

Name of Agency/Organization _____

Describe the service activities performed:

Name of agency representative (please print): _____

Phone number: _____

Agency representative signature: _____ Date _____

Student signature: _____ Date _____

Parent/Guardian signature: _____ Date _____

See reverse side for guidelines on eligible community service activities.

**Upon completion of service hours, submit this completed form to your guidance counselor.
Starting with the graduating class of 2013, all students must complete 10 hours of
community service to graduate.**

Hours: _____ Counselor: _____ Office: _____