COMMUNITY SERVICE VERIFICATION FORM

Please put only one Community Service Activity on a Form

Name: ____________________________

Last                     First                     Middle

Student ID Number: __________    Grade: ________    Hours worked: _________

Name of the community organization: ____________________________________________

Description of work: ____________________________________________________________

Actual date work was performed: ________________________________

Community Service codes: (Check the code that applies to the activity listed below.)

CH- ____ Church (includes Mission Trips, VBS, Nursery, etc.)

CM- ____ Community Ministries (include food/clothing/homeless projects)

CV- ____ Civic duties (includes City, Chamber, civic clubs, public library, Honeyfest, etc.)

ED- ____ Educational (includes school activities, library, etc.)

MD- ____ Medical (includes hospital, nursing homes, etc.)

SP- ____ Sports (coaching, sporting events, concession stand, etc.)

School Organization you are earning hours for: _______________________________________

_________________________________________   Date

Signature of Adult Supervisor

_________________________________________   Organization

Printed name of Adult Supervisor

_________________________________________   Date

Phone number of Adult Supervisor

_________________________________________

Signature of Student

_________________________________________

Committee Decision

____ Approved    ____ Not Approved    Signature: ___________________________________