

Forms must be turned in no later than 30 days after the event. If the event is  
in the summer, it must be turned in no later than 30 days after school starts!

Burleson Collegiate High School  
201 S Hurst Road  
Burleson, TX 76028  
817-245-1600



**COMMUNITY SERVICE VERIFICATION FORM**

*Please put only one Community Service Activity on a Form*

**Name:**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle</b>
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**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:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Adult Supervisor

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Phone number of Adult Supervisor

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Committee Decision**

\_\_\_\_\_  
Approved      \_\_\_\_\_ Not Approved      Signature: \_\_\_\_\_