



Verification of Community Service

Student Last Name: _____ Student First Name: _____ Student Graduation Year: _____

- Kindly have supervisor enter information in the table for each activity
- Sign your time sheet
- Have your parents sign your time sheet
- Return form to your supervising teacher or school secretary
- Keep a copy of this form for your records**

Please note: ONLY original forms will be accepted-copies will be rejected.

Date of Service	Name of Organization	Activity or Task Performed	Total # Hours	Name of Verifier (printed)	Verifier's Signature	Verifying Phone Number

Students Signature: _____ Date: _____ Parent Signature: _____ Date: _____

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