

Community Service Verification Form

Part I Student Information

Name: _____ Graduation Year: _____

What grade did you complete the work? 9 10 11 12

Date of the project: _____

Whom did you help? _____

What type of work did you do? Provide a brief explanation.

Part II Project Information

Project Supervisor: _____

Contact Person and contact number: _____

Number of hours spent on project: _____

Remember, a mission trip/extended camp is only 8 hours/day.

Contact Person/Project Supervisor signature: _____

Title or Role: _____