



COMMUNITY SERVICE VERIFICATION

TO:

RE:

VERIFICATION OF COMMUNITY SERVICE

THIS LETTER IS TO VERIFY THAT _____ (STUDENT'S NAME)

COMPLETED _____ HOURS AS A VOLUNTEER FOR _____

DAYS: _____

DATE: _____

TIMES: _____

LOCATION: _____

JOB
FUNCTION: _____

AND SHOULD OBTAIN COMMUNITY SERVICE CREDIT FOR PARTICIPATING.

SUPERVISOR AT VOLUNTEER SITE- TITLE

PHONE NUMBER

SUPERVISOR SIGNATURE

SUPERVISOR EMAIL ADDRESS

PARENT SIGNATURE

ADVISOR SIGNATURE