



**COMMUNITY SERVICE VERIFICATION FORM**

**Student Name:**

**CWID:**

\_\_\_\_\_

**Organization Name:**

\_\_\_\_\_

**Date(s) of Service and Hours Worked (Additional Slots on back):**

_____	_____	_____	_____
Date	Hours	Date	Hours
_____	_____	_____	_____
Date	Hours	Date	Hours
_____	_____	_____	_____
Date	Hours	Date	Hours

**Total Amount of Hours Worked:** \_\_\_\_\_

**Organization Supervisor Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Verification:**

I, \_\_\_\_\_, verify that this student has completed the hours notated above and followed all appropriate rules, regulations, and conduct.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

