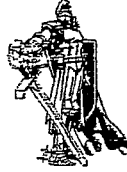


VPPACHS



COMMUNITY SERVICE VERIFICATION FORM

Date _____

_____ (student's name) _____ (grade)

completed _____ community service hours on / between the

following date/s _____. He/ she volunteered their time

with the following business/organization: _____.

Some of his/her duties included: _____

Volunteer Supervisor's Name _____ (please print)

Signature _____

Business / Organization address _____

Phone Number _____