



VOLUNTEER COMMUNITY SERVICE RECORD

STUDENT INFORMATION		
Student Name:	Grade:	DOB:
Phone Number:	Address:	
Email:		
Parent/Guardian's Name:	Email:	

SERVICE SITE/LOCATION OF SERVICE PERFORMED:													
Name of Service Site:							Address:						
Describe the community service performed (attach an additional sheet if necessary):													
Service Date													
Service Hours													
Service Date													
Service Hours													
Total Service Hours												Hours	

Student's Signature: _____ Date: _____
 Parent/Guardian's Signature: _____ Date: _____

[DO NOT WRITE BELOW THIS LINE. FOR VERIFYING AGENT ONLY]

VERIFICATION OF SERVICE:

I verify that _____ has completed the following hours of community service and
(RECORD STUDENT'S FULL LEGAL NAME)
 the hours recorded above, totaling _____ hours were completed as of _____ (Date).

Name of Verifying Agent: _____

Signature of Verifying Agent: _____ Date: _____

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

