



Community Service
Verification Form

Top portion is to be filled out by the student. Bottom portion must be filled out by the Service Site Supervisor. Form is invalid without Site Supervisor's signature.

Name: _____ Grade: _____

House: _____ Morning Advisory Period Room: _____

Date service was performed: _____

Number of hours completed: _____ DIRECT or _____ VOLUNTEER

Please answer the following questions regarding your completed service activity:

Name and location of the organization for which you performed your service:

What did you do? Give enough detail to explain how it corresponds to direct or volunteer service.

Which "Works of Mercy" most closely relate to the service you performed? How?

(Required response for DIRECT service)

To be filled out by Service Site Supervisor (required):

Signature of Service Site Supervisor: _____

Phone # or email address: _____

Amount of time for service: _____ FROM _____ (AM/ PM) TO _____ (AM/ PM)

Completed forms should be turned in to the Community Service Center, Room 14. Please direct questions and comments to Ms. Corneliussen: CorneliussenC@myndhs.com

Community Service Office Use Only: Recorded on RenWeb: _____