



## COMMUNITY SERVICE VERIFICATION FORM

### Directions for completing this form:

1. Please print neatly.
2. Please fill in the entire form. When recording dates, please include month, day, and year (i.e. 01/15/07)

**Volunteer's Name** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_ **Agency Phone Number** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**Name of on-site Supervisor** \_\_\_\_\_

### Dates and hours served (please include month, day and year)

Date	Activity	Hours		Date	Activity	Hours

**Total hours served at this agency:** \_\_\_\_\_ **Starting date of service at this agency:** \_\_\_\_\_ **Ending date:** \_\_\_\_\_

**Signature of Site Manager** \_\_\_\_\_