



COMMUNITY SERVICE VERIFICATION FORM
Station Camp Scholastic Clubs



BETA



NHS

PLeASe PRiNT

Student: _____

Place of volunteer work: _____

Date of volunteer work: _____

Number of hours worked: _____

No more than 5 hours at a single location, including SCHS. 15 hours total, 10 by 12/15

This form must be signed on the day the activity occurs.

I verify that the student named above worked the number of hours stated on this form.

Adult supervisor's name (please print): _____
Not a parent or guardian

Adult supervisor's signature: _____

Supervisor's contact information (phone or email): _____

Date: _____

Thank you for providing a volunteer opportunity for these students.