

# ORHS Community Verification Form

Student:

Today's date:

Description of Activity:

Total Hours:

From: \_\_\_\_\_(date) to \_\_\_\_\_(date)

Supervisor/contact person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

# ORHS Community Service Verification Form

Student:

Today's date:

Description of Activity:

Total Hours:

From: \_\_\_\_\_(date) to \_\_\_\_\_(date)

Supervisor/contact person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_