

BF 7TH GRADE SUCCESS PROGRAM

COMMUNITY SERVICE VERIFICATION FORM

Student_____

Advisory Class_____

Organization/Individual(s) served * _____

* This includes only community service, **NOT** family members.

Activities Performed _____

Date and Duration of Service * _____

*At least one hour must be completed to satisfy the SUCCESS requirements.

I verify that the above student completed the community service as stated above.

Name/Signature

Title

Date