

HOSA Community Service Confirmation Form

Total number of hours worked _____

Department or Organization where work was done: _____

Name of Supervisor: _____

(please print)

Address: _____ Phone: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to _____.

Name of Student (please print)

Name: _____

Title: _____

Supervisor (please print)

Supervisor's Signature Date

Student's Signature Date

Return form to:

Mrs. Traylor

Mrs. McGuire