

**Marion County Public Schools
District Volunteer Office
1517 S.E. 30th Avenue, Suite 5, Ocala, FL 34471
(352) 671-6847**

Community Service Hours Certification

Name of Student *(please print)*

Student Number

Note: This form to be used only if community service is on approved district list.

Description of Service activity:

Location of Service: _____

The activity described above is on the District's List of Approved Service Activities. (If not, Form 02 must be completed and approved.)

_____ Total number of hours. Attach form 04 (Community Service Hours Log) for multiple visits to the same agency.

Student's Signature

Date

ABOVE THIS LINE TO BE COMPLETED BY STUDENT

BELOW THIS LINE TO BE COMPLETED BY AN ADULT WHO
IS NOT A FAMILY MEMBER OF THE STUDENT

My signature below certifies that the student has completed the service hours above under my supervision.

Printed Name

Signature

Organization

Phone

Date

Address

City

State

Zip Code

xc: Teacher
 Student (if desired)

VOL03 Rev. Date 03/07

**~An Equal Opportunity School District~
Save-A-Friend Hotline 1-877-7FRIEND**