



Community Service Verification Form

Nonprofit Organization _____

Address _____

City, State & Zip _____

Office Phone _____ **Fax Number** _____

Email _____

Volunteer _____

Address _____

City, State & Zip _____

Home Phone _____ **Fax Number** _____

Email _____

Date of Community Service _____ **Hours Completed** _____

Agency Representative

Date

Volunteer

Date

Community Service Activities:

Fax (336) 887-7237 or mail the completed form to:
Housing Authority of the City of High Point, P.O. Box 1779, 500 E. Russell Ave., High Point, NC 27261-1779.