



**Cary-Grove Cum Laude  
Community Service Verification Form**

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Year of Graduation: (i.e. 2017, 2018) \_\_\_\_\_

Location of Community Service: \_\_\_\_\_

Number of Hours Volunteered: \_\_\_\_\_

Date of Service/Volunteerism: \_\_\_\_\_

Description of Tasks Performed: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Supervisor: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Your Signature: \_\_\_\_\_

**Please drop off completed form in the Deans' Office**



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