



Independent Community Service Verification Record Middle School Students

To be filled out by Agency:

Name of Volunteer Student: _____ Grade: _____

Student Email Address: _____

Non-Profit Agency Name: _____

Agency Phone Number: _____

Description of Service Performed:

1. _____
2. _____

Verification Hours (Hours over 3 months old will not be accepted)

Dates	Times	Total Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agency Supervisor Evaluation:

Outstanding _____ Very Good _____ Satisfactory _____ Poor _____

Total # of hours: _____

Supervisor Signature: _____

Supervisor Name: _____ (Please Print)

Comments: _____

Please return form to Ashley Goodman-agoodman@windwardschool.org