

# RANKIN COUNTY SCHOOL DISTRICT

## SERVICE HOURS VERIFICATION FORM

Student Name:

Date:

Home Address:

Home Phone:

Graduation Year:

Service Project Location:

Description of Service Performed:

Date(s) Service Performed

Corresponding # Hours Worked

TOTAL # HOURS SERVED IN THIS SERVICE

Adult Supervisor's Signature

Phone:

Date:

(It is the STUDENT's responsibility to maintain the service hours form)