

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.)