

CHARTIERS VALLEY

SCHOOL DISTRICT

Inspiring excellence.

Community Service Verification Form

Please complete **BOTH** Verification Form and Time Log.

Students are encouraged to make photocopies of all documents prior to submitting them to a counselor.

Student's Name: _____

Grade: _____

Homeroom: _____

Agency: _____

Agency Address: _____

Agency Representative: _____ Phone: _____

Description of Service: _____

Dates of Activity: _____ Total Hours of Service: _____

Student's Signature: _____

Parent's Signature: _____

Agency Representative's Signature: _____