

**The Gunston School
Community Service Confirmation Form**

Student Name _____ Total number of hours worked _____

Name of Organization where work was done _____

Address _____ Phone _____

Description of work done _____

My signature below verifies that the work described above was completed and that no remuneration was paid.

(Signature of Supervisor)

(Signature of Student)

(Name and Title of Supervisor, please print)

(Date)

(Date)

Return form to:

Kim Vess, Registrar
The Gunston School
PO Box 200
Centreville, MD 21617
kvess@gunston.org