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