Verification of Community Service for Home Education

(Florida Bright Futures Program)

Student Name:_____ Grade:_____ Date:_____

Date of Service	Total # Hours	Type of Volunteer Work (activity of task performed)	Site of volunteer Work	Name of Verifier	Verifier's Signature	Verifying Phone Number

Return completed form to: Wakulla County School Board, Home Education Office; with documentation on agency letterhead of dates and hours of services.