

Cloverport School Community Service Verification Form

Name: \_\_\_\_\_ Class of 20\_\_\_\_\_

Describe the Community Service you performed:

Location of Community Service: \_\_\_\_\_

Date Service was performed: \_\_\_\_\_ Hours logged: \_\_\_\_\_

By signing below, I am verifying that I performed the community service for the time listed above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

By signing below, I am verifying that \_\_\_\_\_ performed the community service for the time listed above.

\_\_\_\_\_  
Supervisor Printed Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Students: Submit **completed** form to Mrs. Kemker (or your homeroom teacher) no later than one week after Community Service is performed.