

Village Oaks High School Community Service Verification Form

Student Name: _____

Grade: _____

In order for your hours to be counted you must follow the following guidelines:

- The ENTIRE forms needs to be completed in order for it to be accepted and verified by counselors at Village Oaks High School.
- Service hours must be done for a non-profit organization/business
- Money or gifts may not be accepted
- Family members may not be the recipients or supervisors of service

Name of Service Organization (use a new form for each organization):

Description of Service:

Community Service Log

	Service Date	# of hours	Supervisor Initials		Service Date	# of hours	Supervisor Initials
Day 1				Day 6			
Day 2				Day 7			
Day 3				Day 8			
Day 4				Day 9			
Day 5				Day 10			

Total Hours: _____

Community Service Supervisor Information

Name: _____ Job Title: _____

Phone: _____ E-Mail Address: _____

Signature: _____ Date: _____

By signing this document, you verify the information contained herein is complete and accurate.