

Newport-Mesa Unified School District
2985-C Bear Street – Costa Mesa, CA 92626
714-424-7555

Community Service Verification Form

Name: _____ Grade: 9 10 11 12
(Print Name) (Circle One)

High School: _____
(Print Name of Your High School)

Service Hours: _____
(Number of Service Hours Completed)

On What Date: _____

Organization Served: _____

Project and/or Location: _____

This form is due no later than one calendar month
from the completion of your service date.

As Supervisor of this project, I verify that the above information is correct.

(Print Name of Supervisor) (Telephone Number)

(Signature of Supervisor)

**YOU MUST COMPLETE REVERSE SIDE OF THIS FORM
IN ORDER FOR YOUR SERVICE TO BE RECORDED**

Explain the mission of the organization you served:

Describe the service you performed:

How did (or will) your work benefit our community?

Reflect on how you felt about your service and yourself:

Your Signature

Date Submitted