



**COMMUNITY CONNECTION
VERIFICATION LETTER
Community Service/Job Shadow**

Date: _____

(Please Print)

Name of Student: _____

Address: _____

Phone/Email: _____

Name of Organization: _____

Contact Person/Supervisor: _____

Address: _____

Phone/Email: _____

Description of the job shadow or community service activities/duties:

Total number of hours: _____ Date(s) or time frame: _____

Respectfully,

Supervisor Signature/Date

I attest that I performed the documented hours of community connection included in this verification form.

Student Signature/Date