

Community Service Verification Form

NEWPORT HARBOR HIGH SCHOOL
600 Irvine Ave.
Newport Beach, Calif. 92663

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

Organization and/or Project Served: _____

Location: _____

Service Date(s):	Number of hours:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL COMPLETED HOURS _____

This form can be used for multiple dates as long as it is from the same organization/supervisor.

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

(Print Name of Supervisor)

(Telephone Number)

(Signature of Supervisor)

Student: Please fill in the following prior to turning in form.

Describe service you performed and how it benefited our community.

Turn form in to the Counseling Office within 30 days of the completion of your service.