



Camden High Service Hours Verification Form

Name of Student: _____

School Organization for Service Credit: _____

Location and Description of Service Hours: (To Be Completed by Student)

THIS SECTION IS TO BE COMPLETED BY THE ADULT SUPERVISOR

I verify that this student has completed _____ service hours on the following date(s):

Supervisor's Name (Please Print): _____

Signature of Supervisor: _____

Date(s): _____ Phone Number: _____

Please return this form to the organization's faculty sponsor.