

Middle Country Central School District
COMMUNITY SERVICE VERIFICATION FORM

School year: _____ - _____

Date: _____

Graduation Year: _____

Student ID # _____

Current Grade: _____

This form verifies that _____, a student at the Middle Country Central
Name of student (please print)

School District has been participating in Community Service with _____, and has
completed _____, between _____ and _____.
(# of hours) (date began) (date ended)

Name of Supervisor (please print)

Phone Number

Signature of Supervisor

Signature of Student

Student:

List volunteer activity you were involved in

Students: Once you have completed this form and obtained all necessary signatures, bring this form to the Guidance Office for final approval.

Counselor Signature: _____ Date: _____

Notation on Transcript: _____
DATE