



Community Service
Verification Form
Hancock County
High School
80 State Route 271 South
Lewisport, KY 42348
270-927-6953



Student: _____ Date: _____

Group worked for _____

Location of Event _____ # of Hours: _____

Summarize below the activities that you were involved in while performing the community service act. Explain how the activity has impacted you or how it will benefit the community:

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone and email address: _____

Service Approved: _____

Service Not Approved: _____

Principal or YSC Coordinator signature: _____