

Barker Central School

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Community Service Hours Verification Form

Student Name _____

Date(s): _____

Total Hours: _____

What tasks or services did you provide to the organization as part of your experience? Explain.

Supervisor's Name _____ Title: _____

Supervisor's Signature _____

Supervisor's telephone number: _____ Date _____

Principal's Signature _____

What knowledge, skills, or insight have you gained from this experience? What have you learned about the organization, our community, or about yourself?

****Please return this form to the HS Office.****

Graduation Year: _____

Date entered PS: _____