



## Community Service

This Is to Verify: \_\_\_\_\_  
(Please Print Name of Volunteer)

Completed \_\_\_\_\_ Hours of Community Service.

Date of Service: \_\_\_\_\_ to \_\_\_\_\_

Community Service Was Provided: (Please Print)

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Print name of agency representative: \_\_\_\_\_

Signature: \_\_\_\_\_  
(of agency representative validating hours)

Date: \_\_\_\_\_

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_