



EXTRACURRICULAR HOURS VERIFICATION FORM

Student to Complete (print neatly):

Student Name: _____ Grade: _____

Date of Community Service: _____

Organization Name: _____

Location: _____

Contact Person/Supervisor: _____

Supervisor Phone Number: _____

Supervisor Email: _____

Explain The Service You Completed: _____

Supervisor to Complete: **One verification form should be submitted for each service activity**

Volunteer Arrival Time: _____ Departure Time: _____ Total Hours Completed: _____

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____