

Community Service Completion Form

Student Name: _____

Student ID#: _____ - _____ - _____

Organization: _____	Location (City, State): _____
<i>I verify that _____ has completed _____ hours of community service at our non-profit organization. I am not a family member, friend, or student.</i>	
Date: _____	Time: _____
Date: _____	Time: _____
Date: _____	Time: _____
Supervisor Name: _____	Title/Position: _____
Supervisor Signature: _____	Date: _____
Email (work): _____	Phone (work): _____

Organization: _____	Location (City, State): _____
<i>I verify that _____ has completed _____ hours of community service at our non-profit organization. I am not a family member, friend, or student.</i>	
Date: _____	Time: _____
Date: _____	Time: _____
Date: _____	Time: _____
Supervisor Name: _____	Title/Position: _____
Supervisor Signature: _____	Date: _____
Email (work): _____	Phone (work): _____