



Community Service Verification Form

(All Community Service Must Be Unpaid & Volunteer Work)

Student Name: _____ Grade: _____

Organization: _____

Address: _____ Phone #: _____

Hours Verified by: _____

Print Name

Signature

Date

<u>Start Date:</u>	<u>End Date:</u>	<u>Community Service Performed:</u>	<u>Hours:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours: _____

Hours approved by: _____

Counselor Signature

Date

**Turn in completed form to Michele "Susie" Ankrom at 2980 Collins Ave., Bldg. 1 St. Augustine, FL 32084*

Fax: 904-547-8085

Email: Michele.Ankrom@stjohns.k12.fl.us