St. Johns
Virtual School

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

Start Date:	End Date:	Community Service Performed:	Hours:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Hours:	_____

Hours approved by: _____
Counselor Signature Date

*Turn in completed form to Melissa Scott at 2980 Collins Ave., Bldg. 1 St. Augustine, FL 32084

Fax: 904-547-8085

Email: Melissa.Scott@stjohns.k12.fl.us