

DEPOSIT HIGH SCHOOL COMMUNITY SERVICE PROGRAM

Verification Form

Community Hours to Graduate Student Council Hours Honor Society Hours

(Students need 20 hrs. to graduate)

1. STUDENT INFORMATION

Student Name _____ Counselor _____

Placement Organization _____

Description of Service/Activity

How do you feel your service made a difference in the community?

Supervisor's Name & Phone Number _____

Date(s) of Service _____

Total Number of Hours _____

2. VERIFICATION

I certify that the above-named student has performed the number of community service hours indicated above **WITHOUT** compensation, and not during the school day. Before or after the school day, weekends or school vacations is permissible and will count for hours.

Supervisor's Signature: _____ Date: _____

Supervisor's Comments (Optional):

Parent's Signature: _____ Date: _____

COMPLETE THIS FORM & RETURN TO YOUR CLASS ADVISOR