



# Neville High School

## Community Service Verification Form



**PLEASE PRINT CLEARLY IN ORDER TO APPLY THE COMMUNITY SERVICE HOURS CORRECTLY.**

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Mi)

Name of Non-Profit Organization: \_\_\_\_\_ (for whom service was done)

Location/Address: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor/Contact at Organization

Date Worked	Hours <small>(Amount of time spent volunteering)</small>	Description of Work Done

How did your Volunteer Service benefit the community? (Question to be answered by student. write in below:)

*I certify that this Volunteer Service Form contains accurate and true information. I understand that any false statements may terminate eligibility for hours worked. I also understand that I am responsible for knowing how many hours of Volunteer Service are required and worked.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_