



Great Lakes Bay Early College

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University Center, MI 48710

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## Community Service Verification Form

I, \_\_\_\_\_, have hosted \_\_\_\_\_,  
(Job Host Name) (Student Name)

from Great Lakes Bay Early College for a job shadow experience.

Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email (optional) \_\_\_\_\_