Class of 2025 Community Service Project Verification Form

Student Nam	e					
Director Appro	oval					
Description of	Service					
The student lis	sted above has	successfully c	ompleted a ser	vice project fo	or this agency or	group.
Printed Name	of Supervisor_					
Supervisor's A	ddress					
Telephone Nu	mber					
Supervisor's	Signature					
Date	Hours	Date H	lours D	ate H	lours	1
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Total_____