

## 2024 Community Service Project Verification Form

**Student Name** \_\_\_\_\_

Director Approval \_\_\_\_\_

Description of Service \_\_\_\_\_

The student listed above has successfully completed a service project for this agency or group.

Printed Name of Supervisor \_\_\_\_\_

Supervisor's Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_

Date	Hours	Date	Hours	Date	Hours

Total \_\_\_\_\_