

FOR OFFICE USE ONLY:

of hours: _____

recorded: _____

date: _____

initials: _____

SEAMAN HIGH SCHOOL COMMUNITY SERVICE DOCUMENTATION FORM

SCHOOL YEAR: _____

SEMESTER: (circle one) **FALL** or **SPRING**

TO BE COMPLETED BY STUDENT:

NAME: _____ CLASS OF: _____
(PLEASE PRINT)

Organization for whom volunteer work was done: _____

Briefly describe the volunteer activity in which you participated:

Date(s) of service _____ Total # of hours _____

Name of adult (18+) **WHO IS NOT RELATED TO YOU** who can verify your service:

NAME (print)

PHONE #

TO BE COMPLETED BY THE ABOVE NAMED ADULT:

I verify that _____ participated in the above described
(name of student)
activity on the date(s) listed above.

Signature of verifying adult

Date

Organization representing/title: _____

STUDENTS: PLEASE RETURN THIS FORM TO MRS. ROSS IN THE COUNSELING OFFICE