

## **VOLUNTEER COMMUNITY SERVICE RECORD**

	VOI				STUDE	NT INI	FORMAT	ΓΙΟΝ						
Student Name:						TUDENT INFORMATION Grade: DOB:								
Phone Number:						Address:								
Email:	·				-	-1								
Parent/Guard	Parent/Guardian's Name:						Email:							
			SERV	VICE SIT	E/LOCA	ATION (	OF SERV	ICE PEI	RFOR	MED:				
Name of Service Site: Address:														
Describe the c	ommuni	ty service	e perforr	ned (attac	h an add	litional	heet if no	ceccami)						
Describe the c	ommunl	Ly SETVICE	e bettorn	neu (attac	.11 a11 adc	iilional S	meet II ne	cessary)						
Service Date														
Service Hours														
Service Date														
Service Hours														
										Tota	l Service	Hours		Hours
Student's Signat	fure:								Da	te:				
Parent/Guardiai	n's Signa	 ture:												
		[DO 1	NOT W	RITE BEL	LOW T	HIS LIN	E. FOR	VERIFY	NG A	GENT (	ONLY]			
				VE	ERIFIC	ATIO	N OF S	ERVIC	E:					
I verify that	/DECO	DD CTUD	ENITS ELL	II IECALI	NIANCE)	_ has co	mpleted	the follo	wing	hours of	commu	ınity ser	vice and	1
the hours recor	(RECOI ded abo	RD STUDI ve total	EN1′S FU. inσ	LL LEGAL I h	NAME) Murs we	re comi	oleted as	of					(Date)	
the hours recor	aca abo	ve, cocar			iours we	re com	neced as	OI					_(Date)	•
Name of Verifyi	ng Agent	·•												
		ZCIIL.							1	alt.				
Signature of Ver														
Signature of Ver	ame:													
Signature of Ver Organization N	ame:													

