

Sodus Central Jr./Sr. High School

## Community Service Verification Form

### STUDENT AND PLACEMENT INFORMATION

Student Name	Year of Graduation
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Brief Description of Community Service Activity (can be a list)

Supervisor's Name:

Date(s) of Service:

Time In: Time Out:

**Total Number of Hours:**

### VERIFICATION

**I certify that the above named student has performed the number of community service hours indicated in the "Student and Placement Information" section without monetary compensation.**

Supervisor's Signature

Supervisor's Comments (optional):

**Please return the completed form to Ms. Frazer to ensure you receive credit.**

Graduation Requirement Coordinator's Signature:

