Necedah High School Community Service Verification Form (a separate form must be completed for each organization)

Student Name		Gra	Grad Year		
Community Service Contact Information:					
Agency/Organization	Name				
Contact Person					
Phone Number		Email			
Type of Service					
D-4-		Activity			
Date		ionviey	Hours		
(list additional activit	ties on reverse side)	Total H	ours:		
I hereby certify that t	he Community Service	Activities were completed as	described above:		
Agency/Organization Signature:			Date		
Parent/Student Con	firmation of Hours of	Service:			
traditional classroom that		ommunity service: Volunteer Servicer the benefit of the community. They.			
Student Signature:			Date		
Parent Signature:			Date		

Please Note: submitting this verification sheet does NOT guarantee the hours indicated will automatically be applied to the total for the student. Please review all guidelines pertaining to the acceptable community service hours and verify any question with the community Service Coordinator. It is the student's responsibility to submit verification of hours by the end of April of their senior year in order to qualify for recognition at commencement.

Community Service Hours Chart

Date	Activity	Hours	Signature