



# Community Service Verification Form

## Sandra Day O'Connor High School

(Please Print)

\*Student Name \_\_\_\_\_ \*Student ID# \_\_\_\_\_ \*Year: 2016 \_\_\_\_\_

\*Organization for which the community service was done: \_\_\_\_\_

*(Must be a not-for-profit agency, nursing home, hospital or school. Must be a 501 (c) (3) agency)  
Use a separate form for each organization you served.*

**Date and Brief description of the community service completed: (must list actual individual dates)**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

**(If more space is needed, please use the back of this form)**

\*Total hours of community service: \_\_\_\_\_

\*Organization Supervisor or Sponsor Name: (print) \_\_\_\_\_

\*Supervisor's signature validating 501(c) (3) status, work completed and time served:

\*Signature \_\_\_\_\_ \*Supervisor's contact phone number \_\_\_\_\_

\*Parent's signature \_\_\_\_\_

Date form was submitted: \_\_\_\_\_ Academy teacher's name: \_\_\_\_\_

***SUBMIT this form to your Interviewer during interviews for approval.***

Date and brief description of the community service completed (2<sup>nd</sup> sheet)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

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Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_ Description: \_\_\_\_\_