

ChIPLEY High School

Community Service Verification Form

Student Name: _____

Name of Agency: _____ Agency Phone Number: _____

Agency Address: _____

Name of Site Manager: _____

Dates and hours served (please include month, day and year)

Date	Activity	Hours

Total hours served at this agency: _____

Starting date of service at this agency: _____ Ending date: _____

Signature of Site Manager: _____

Return this form to a Chipley High School Counselor by May 15 of your senior year.