

Vernonia School District Community Service Verification Form



****NOTE: Complete in its entirety, using blue or black pen only, or form will not be accepted.**

Student Name: _____ Graduation year: _____

Service worked performed: _____

Location where service performed: _____

Contact Person(s): _____

Phone and/or Email: _____

Date(s)* service performed _____ Total Hours: _____

*If multiple times of service at same location, use back of form to record.

Learning Opportunities/Services performed/comments (Required & Student's responsibility to fill in completely...incompletes will not be accepted):

Student Signature: _____ Date: _____

Contact's Comments: _____

Contact's Signature: _____ **Date:** _____

Check box if this is a Sustainability Project

Community Service Log

(Optional: For use when performing multiple days of service to the community at the same location/same tasks)

****NOTE: Complete in blue or black pen ONLY**

Activity	Date	Hours	Signature

Total Hours: _____

Check box if this is a Sustainability Project