

Community Service Completion Verification Form

North Boone High School

Students must:

- a) Perform work for a non-profit organization or individual or group in need;
- b) Complete the work for neither money nor credit;
- c) Perform work outside of student's regular school hours

Student's Name _____ Grade (circle one) 9 10 11 12

Name of Agency/Beneficiary where service was performed _____

Type of work student performed _____

This confirms that the above student has performed _____ hours of community service. The duties were performed on/from _____.
(Dates)

Quality of Work Performed (circle one): Excellent Good Fair

Signature of Contact _____

Printed Name _____

Phone _____ Email _____

Reflections from student on Community Service work performed:

North Boone High School Staff Signature

Position

Date Received

(Please list all dates, times and total hours for each day of volunteering)

(Please list all dates, times and total hours for each day of volunteering)

[illegible]