



## Community Service Verification Log

Community Service will only be valid if hours are completed at a non-profit organization and verified by an adult who is authorized by the community organization. Send completed form to: [ipolyservicehours@ipolyhighschool.org](mailto:ipolyservicehours@ipolyhighschool.org)

### School Year 2021–2022

#### Student Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

House: \_\_\_\_\_

Date of Submission: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

#### Community Service/Service Learning Classification:

**Community Service**

Taking your knowledge, ability, insights back into your community through volunteer service

#### Group / Organization Information:

Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Total Volunteer Hours: \_\_\_\_\_

Starting Date of Service: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

End Date of Service: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

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**To the Supervisor:** Thank you for supporting IPoly student in his/her endeavor to achieve the required community service/service learning hours for graduation. If all the above information has been provided by the student, please briefly describe the tasks performed below and verify the documented hours by signing this form.

I verify that this student has served the above hours.

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

**FOR OFFICE USE:**

data entered by: \_\_\_\_\_

date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_