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

School Year 2020–2021

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 _____

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 ___

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