Sylacauga High School Community Service Verification Form

(a separate form must be completed for each activity)

I hereby certify that _____has participated in the
Name
community service activity described below on _____
Date(s)
for a total of _____hours.

_____
Name and title of person verifying activity

_____
Signature of person verifying activity

For verification purposes:_____ _____
Phone Number **Email Address**

Organization: _____

Description of community service performed:

I verify these hours meet the following definition of community service: Volunteer service beyond the confines of a traditional classroom that fosters civic responsibility for the benefit of the community. This service is non-paid, non-graded, non-punitive and occurs outside the school day.

Student Signature: _____Date: _____

Parent Signature: _____Date: _____

Please Note:

- **Submitting this verification sheet does NOT guarantee the hours indicated will automatically be applied to the total for the student.**
- **Please review all guidelines pertaining to the acceptable community service hours and verify any questions with a Guidance Counselor or see Community Service Webpage.**
- **It is the student's responsibility to submit verification of hours.**

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For Office Use Only

Hours accepted: _____Date: _____
Guidance Counselor Signature