

FFHS Community Service Verification Form

Name: _____ Class of 20_____

Describe the Community Service you performed:

Location of Community Service: _____

Date Service was performed: _____ Hours logged: _____

By signing below, I am verifying that I performed the community service for the time listed above.

Student Signature

Date

By signing below, I am verifying that _____ performed the community service for the time listed above.

Supervisor Printed Name

Organization

Supervisor Signature

Date

Students: Submit **completed** form to Ms. Emmick (or your homeroom teacher) no later than one week after Community Service is performed.