

# COMMUNITY SERVICE APPROVAL & VERIFICATION FORM

## CENTRAL LINN HIGH SCHOOL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Type of Service: \_\_\_\_\_

Where community service was performed: \_\_\_\_\_

Date service was completed: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_

Describe your duties for this community service?

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Supervisor: \_\_\_\_\_

(Printed Name)

\_\_\_\_\_  
(Signature)

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_