

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?

Student Signature: _____ Date: _____

Adult Supervisor: _____

(Printed Name)

(Signature)

Phone: _____ Date: _____

Administrator's Signature: _____ Date: _____