



Clarke Preparatory School

Student Community Service

Verification Form

Student Name: _____ Graduation Year: _____

Community Organization Name: _____

OR

School Club/Activity Name: _____

Total Hours of Service: _____

Service Log: Please keep track of your hours (it is the student's responsibility to record hours and submit them to the Counselor's office).

Date	# of hours	Description of activity/service provided

I hereby certify that the above named student earned community service hours for the dates/times and services performed above.

Supervisor Name: _____ Title: _____

Supervisor Signature: _____

For Office Use Only:

Received: _____	Recorded: _____	Recorded by: _____
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