

PARTICIPATORY ACTIVITY: PERFORMING A COMMUNITY SERVICE

SUPERVISOR VERIFICATION

STUDENT'S NAME: _____

DATE: _____

COMMUNITY SERVICE AGENCY: _____

THIS IS TO VERIFY THAT THE STUDENT LISTED ABOVE HAS COMPLETED A MINIMUM OF THREE (3) HOURS TIME AS A VOLUNTEER WITH THE AGENCY LISTED ABOVE.

COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____

SUPERVISOR'S TITLE: _____

TELEPHONE NUMBER: _____

TEACHER'S NAME: _____