

Sodus Central Jr./Sr. High School  
**Community Service Verification Form**

**STUDENT AND PLACEMENT INFORMATION**

Student Name

Year of Graduation

Brief Description of Community Service Activity (can be a list)

Supervisor's Name:

Date(s) of Service:

Time In:

Time Out:

**Total Number of Hours:**

**VERIFICATION**

**I certify that the above named student has performed the number of community service hours indicated in the "Student and Placement Information" section without monetary compensation.**

Supervisor's Signature

Supervisor's Comments (optional):

**Please return the completed form to Ms. Frazer to ensure you receive credit.**

Graduation Requirement Coordinator's Signature: