

Sodus Jr/Sr High School

Community Service Verification Form

Student and Placement Information	
Student Name	Year of Graduation
Brief description of community service (can be a list)	
Supervisor's Name	
Date(s) of Service	
Time In:	Time Out:
Total Number of Hours Worked:	
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 Mr. Rose to ensure you receive credit.	
Graduation Requirements Coordinator's Signature	