



Dorado Academy

****FOR OFFICIAL USE ONLY****

**TOTAL HOURS
REPORTED**

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COMMUNITY SERVICE VERIFICATION FORM

School Year: _____ Grade: _____

Student's name: _____

Organization and/or Project Served: _____

Location/Address: _____

Supervisor of Community Service: _____

E-mail: _____ Telephone: _____

SERVICE HOURS LOG

Date	Hours	Initials

Date	Hours	Initials

As Supervisor of the Community Service. I certify that the above information is correct.

Signature of Community Service supervisor: _____

****REMEMBER TO COMPLETE THE STUDENT REFLECTION ON THE NEXT PAGE****

