

# St. Andrew Catholic School

877 N. Hastings St.  
Orlando, Florida 32808  
407-295-4230

## Community Service Verification Form



Incomplete forms will be returned to student unprocessed.  
Please fill in all blanks.

Student Name:	Homeroom:	Grade:
<b>SERVICE SITE INFORMATION (One Service Site Only)</b>		
Name of Person Or Organization:	Contact Person For Organization:	
Address		
City	State, Zip	
If you worked at an organization, what is the primary purpose of this organization? If you worked for an individual, what problem or situation prompted you to offer your help?		
Describe the service That you performed:		

### Service Log (to be completed at the service site)

Date of Service	<u>Time of Service</u>		Number of Hours Served this date
	From	Until	

I attest that this student performed a total of \_\_\_\_\_ hours of volunteer service for me (or my organization) on the above dates.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, hereby, verify that my son/daughter did complete the community service hours listed above. Parent Signature: \_\_\_\_\_

Daytime \_\_\_\_\_ Date: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Evening: \_\_\_\_\_