SEAMAN HIGH SCHOOL COMMUNITY SERVICE DOCUMENTATION FORM

SCHOOL YEAR: ____________

SEMESTER: (circle one) FALL or SPRING

TO BE COMPLETED BY STUDENT:

NAME: ______________________________ CLASS OF: ____________

(PLEASE PRINT)

Organization for whom volunteer work was done: ____________________________

Briefly describe the volunteer activity in which you participated:

Date(s) of service _______________ Total # of hours _______________

Name of adult (18+) WHO IS NOT RELATED TO YOU who can verify your service:

__________________________________________________________________________

NAME (print)  PHONE #

TO BE COMPLETED BY THE ABOVE NAMED ADULT:

I verify that __________________________ participated in the above described
activity on the date(s) listed above.

________________________  __________________________
Signature of verifying adult  Date

Organization representing/title: ________________________________

STUDENTS: PLEASE RETURN THIS FORM TO MRS. ROSS IN THE COUNSELING OFFICE