



## COMMUNITY SERVICE HOURS VERIFICATION FORM

DATE:			
NAME OF VOLUNTEER:			
DESCRIBE THIS ACTIVITY:			
TIME WORKED:	FROM:	TO:	<b>TOTAL HOURS WORKED:</b>
DATE(S) of this ACTIVITY:			
LOCATION OF THIS ACTIVITY:			
NAME OF SUPERVISOR:			
PHONE NUMBER OF SUPERVISOR:			
EMAIL ADDRESS OF SUPERVISOR:			
ORGANIZATION SPONSORING/ORGANIZING THIS ACTIVITY:			

**TOTAL HOURS WORKED:** \_\_\_\_\_

PRINTED NAME OF ADULT LEADER/SUPERVISOR: \_\_\_\_\_

SIGNATURE confirming Hours Worked: \_\_\_\_\_ DATE: \_\_\_\_\_

***SAI WORKS!***

