



Community Service Hours

Student Name: _____

Graduation Year: _____

Date of Service MM/DD/YYYY	# of Hours	Type of Volunteer Work (activity or task performed)	Site of Volunteer Work	Verifier Name (PRINT)	Verifier's Signature	Verifying Phone Number
TOTAL VOLUNTEER HOURS ----- →						

- * 100 hours of community service are required for graduation
- * Student is responsible for submitting this form to the Student Services Office (215)