

# COMMUNITY SERVICE VERIFICATION FORM

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_ EIN: \_\_\_\_\_

Address: \_\_\_\_\_

## COMMUNITY SERVICE ACTIVITY

Start Date of Service: \_\_\_\_\_ End Date of Service: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Location of Service:

Description of Service:

## SUPERVISOR INFORMATION

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_