

**CEDAR SPRINGS HIGH SCHOOL
COMMUNITY SERVICE/VOLUNTEER VERIFICATION FORM
Single Organization--Multiple-Date Log**

The information below must be filled out completely in order to receive service hours credit.

Student's Name: _____ Year of Graduation: _____

Name of Organization: _____

Supervisor's Name: _____

This is the adult that will be contacted to verify that you completed the services listed. Note: We will be unable to credit you the service hours until the supervisor can be reached.

Supervisor's Phone: _____

Supervisor's Email: _____

Description of Service Performed: _____

Date	Description of Service	Hours	Initials of Supervisor
<i>April 25, 2005</i>	<i>Concessions</i>	<i>4</i>	<i>(EXAMPLE ONLY)</i>
	Total Hours-----		

IF YOU NEED MORE ROWS, PLEASE ATTACH AN ADDITIONAL FORM.

FOR OFFICE USE ONLY

Date Recorded: _____

Type of Service:

School

Community

(Circle One)