

Community Service/Volunteer Verification Form

Please use one form per Community Service/Volunteer Project.

Student Name _____

Name of Agency _____ Agency Phone Number _____

Agency Address _____

Name of Site Manager _____

Description of tasks performed _____

Dates and hours served (please include month, day and year)		Activity	Hours
Date	Date	Activity	Hours

Total hours served at this agency _____ Starting date of service at this agency _____ Ending date _____

Signature of Site Manager _____

Middle College of Forsyth County

“Preparing 21st Century Learners by Broadening Their Intellect through College/Career Readiness, Social Responsibility, and Global Citizenship”