



Ambassador High School Community Service Verification Form

Student's Full Name: _____

Academic Year 20 ____ - 20 ____

Circle Grade Level: **Freshman** **Sophomore** **Junior** **Senior**
(30 hours) *(30 hours)* *(30 hours)* *(30 hours)*

Name of Service Organization: _____

Description of service performed: _____

<u>Dates</u>	<u>Number of Hours served</u>	<u>Dates</u>	<u>Number of Hours served</u>

Total Number of hours served: _____

REQUIRED Signature of Supervisor: _____

Date: ____/____/____

Telephone number(s) of site supervisor: _(_____)_____ - _____

Email Address of supervisor: _____

Supervisor Comments: _____

*Please check that
the ENTIRE form
has been completed!*

***This form must be filled out completely.** Supervisors feel free to attach any additional information or comments to this form. This form will not be accepted without supervisor signature.

****Please submit form to Mr. Vroom in the school's main office. Due Dates: 15 hours for 1st semester due no later than December 11; completed 30 hours for the year and reflection paper due no later than May 13.**