

# Community Service Confirmation Form

Total number of hours worked \_\_\_\_\_

Department or Organization where work was done:

\_\_\_\_\_

Name of Supervisor:

\_\_\_\_\_

(please print)

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Description of work done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to \_\_\_\_\_.

Name of Student (please print)

Name: \_\_\_\_\_

Supervisor (please print)

Title: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date