

# HILLCREST CHRISTIAN

## STUDENT COMMUNITY SERVICE PROGRAM VERIFICATION FORM

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

Grade: \_\_\_\_\_

Name of Agency / Association where community service performed:

\_\_\_\_\_

# of hours served: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature:

\_\_\_\_\_

Agency Personnel Signature:

\_\_\_\_\_

Contact Number of Agency

**ATTENTION STUDENTS: PLEASE HAVE THIS FORM WITH YOU WHEN YOU GO TO YOUR POINT OF SERVICE IN ORDER TO OBTAIN VERIFICATION OF YOUR SERVICE.**