



Fairport Harding High School

Community Service Verification Form

Student Name _____ Graduation Year _____

This is to verify that the above named student performed the following community service at the following location: _____

Authorized signature _____

Position _____

Contact phone number _____

Email _____

Date _____

Date	Time In	Time Out	Total Time	Activities (may use back)

Please use a new sheet for each location that community service hours are received.