

Whitcomb Jr/Sr High School Community Service Verification

Service ID:

Date Entered:

Student:

Faculty Advisor:

Start Date:

Hours:

Description:

Sponsor's Name:

Sponsor's Phone:

Completed?

Ending Date:

Contract: I understand that while performing Community Service, I represent Whitcomb Jr/Sr High School. Other students who follow me will want similar opportunities. I will report, as required to my Faculty Advisor and will notify him/her should a problem or concern arise. I realize that other people are depending on me, and I will be responsible.

Date

Student Signature

Date

Sponsor Signature

Date

Faculty Advisor Signature