



## Community Service Verification Form

### Instructions for Student:

This form must be completed and signed by the supervisor of your community service site. Submit one form per site, if applicable.

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### Student Information

- Full Name: \_\_\_\_\_
- S #: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Tri-C Email: \_\_\_\_\_

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### Volunteer Site Information

- Organization/Department Name: \_\_\_\_\_
- Address/ Department Location: \_\_\_\_\_
- Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Supervisor Email: \_\_\_\_\_
- Supervisor Phone Number: \_\_\_\_\_

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### Service Details

- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours Completed: \_\_\_\_\_

Brief description of student's responsibilities/duties:

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### **Supervisor Certification**

By signing below, I confirm that the above-named student completed the hours of service listed at our organization/ in our department and fulfilled their responsibilities to the best of my knowledge.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Student Acknowledgment**

I affirm that the information provided is accurate and reflects my own volunteer experience.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_