

**VALIDATION FOR COMMUNITY SERVICE**

I certify that \_\_\_\_\_ completed community service:  
student's name

date worked: \_\_\_\_\_ number of hours worked: \_\_\_\_\_

project completed: \_\_\_\_\_

name of organization: \_\_\_\_\_ phone number: \_\_\_\_\_

signature of organization representative: \_\_\_\_\_

comments: \_\_\_\_\_

date worked: \_\_\_\_\_ number of hours worked: \_\_\_\_\_

project completed: \_\_\_\_\_

name of organization: \_\_\_\_\_ phone number: \_\_\_\_\_

signature of organization representative: \_\_\_\_\_

comments: \_\_\_\_\_

date worked: \_\_\_\_\_ number of hours worked: \_\_\_\_\_

project completed: \_\_\_\_\_

name of organization: \_\_\_\_\_ phone number: \_\_\_\_\_

signature of organization representative: \_\_\_\_\_

comments: \_\_\_\_\_

**THE STUDENT MUST HAVE COMPLETED A TOTAL OF \_\_\_\_\_ HOURS OF COMMUNITY SERVICE BY \_\_\_\_\_. IF COMMUNITY SERVICE IS NOT COMPLETED, ASC WILL BE ASSIGNED.**

**\*\*\*\* RETURN FORM TO YOUR ASSISTANT PRINCIPAL BY THE ABOVE DATE. \*\*\*\***