

Anderson New Technology High School

Community Service Verification

Student Name: _____

Teacher Approval: _____

Date of Event: _____

Community Service Plan (Please describe the event and the way you will be participating for your community service time.):

Supervisor Verification of Community Service:

Name of Supervisor: _____

Relationship to the Student: _____ Date: _____

Verify the above named student spent _____ hours on the project described.

Signature of Supervisor _____

Phone Number for verification of service: _____

Comments (Please comment about the quality of and student performance.):