BISHOP MOORE CATHOLIC HIGH SCHOOL
COMMUNITY SERVICE VERIFICATION FORM

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INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED.	HOURS MUST BE INPUT IN X2VOL.	COMMUNITY SERVICE OFFICE USE ONLY Date Received: _____

STUDENT NAME (PLEASE PRINT): (FULL NAME/NO NICKNAMES PLEASE) | GRADE:

SERVICE SITE INFORMATION ~ one form per service site

NOTE: All students must fulfill their community service requirement at a NON-PROFIT organization

NAME OF ORGANIZATION:

NAME/POSITION OF CONTACT PERSON FOR ORGANIZATION : CONTACT PHONE NUMBER:

DESCRIBE IN DETAIL THE SERVICE YOU PERFORMED: _____

_____

_____

SERVICE LOG ~ specific dates & times are required

(to be completed by the contact person for the organization at the time service is performed)

DATE OF SERVICE	TIME OF SERVICE FROM	TO	# OF HOURS SERVED THIS DATE	SUPERVISED THIS DATE BY (PRINT NAME & INITIAL here for every work shift) DO NOT SIGN A BLANK FORM! You may be contacted to verify information. SUPERVISOR MAY NOT BE RELATED TO STUDENT.

TOTAL NUMBER OF HOURS LISTED ABOVE: _____

By my initials, I verify that the above named student completed the community service hours listed.

DO NOT SUBMIT THIS FORM WITHOUT ALL SIGNATURES. HOURS MUST BE INPUT BY STUDENT IN X2VOL.

I submit the above Community Service Hours to fulfill my requirement for the current school year. Hours have been input in x2VOL.
I UNDERSTAND THAT ANY MISREPRESENTATION ON THIS DOCUMENT WILL RESULT IN A REFERRAL TO Student Services for DISCIPLINARY ACTION.

Student Signature: _____ Date: _____

By my signature, I verify that my son/daughter completed the community service hours at the non-profit organization listed above.

Parent Signature: _____ Date: _____

REVISED 6/2015