



VERIFICATION OF HOURS COMPLETED FOR LAPTOP COMMUNITY SERVICE

(To be completed by the organization for which the service was performed.)

This is to verify that _____

(Please print)

has completed _____ **hours of community service. The date(s)**

and the time(s) of service was: _____

This service has been provided for: *(Please print)*

Agency _____

Address _____

City _____

Agency contact _____

Phone number _____

Name of agency representative _____

(Please print)

Signature _____

(Agency representative validating hrs)

Date _____

Signature of the volunteer _____

Date _____

Student's Advocate _____

Student's Academy/SLC _____
