FREEPORT HIGH SCHOOL
COMMUNITY SERVICE VERIFICATION FORM

Directions about how to complete this form, and how to have community service hours recognized on your high school transcript, are included on the reverse side of this form.

Student Name _____

Name of Agency _____ Agency Phone Number _____

Agency Address _____

Name of Site Manager _____

Dates and hours served (please include month, day and year)

Date	Activity	Hours

Total hours served at this agency: _____

Starting date of service at this agency: _____ Ending date: _____

Signature of Site Manager: _____

(See reverse for more details and instructions)