

**COMMUNITY SERVICE LETTER OF VERIFICATION FORM**

NAME \_\_\_\_\_

Date of service	Time served: from when to when?	Number of hours served: [total]	Description of what you did while there

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Name of Contact Person [Please Print]

(\_\_\_\_\_) \_\_\_\_\_  
Contact Phone Number