



St. Peter Catholic School COMMUNITY SERVICE VERIFICATION FORM

Please: ✚ **Fill in all blanks** ✚ **Use one service form per activity or site**

✚ **Obtain signature from site supervisor (required)**
Incomplete forms will not be accepted

Student Name: _____ Grade _____

ORGANIZATION INFORMATION:

Name of Organization: _____

Primary Purpose of Organization: _____

Name of Supervisor: _____

Location (city only): _____ Phone Number: _____

Describe the work you performed: _____

Date of Service	# of hours	Supervisor Signature

Total Number of Hours Performed: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

By my signature, I verify that to my knowledge the claims made on this form are true and have not been altered in any way.

FOR SCHOOL USE ONLY

Date Received

HRT Initials