



# COMMUNITY SERVICE VERIFICATION FORM

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Student I.D Number: \_\_\_\_\_  
Grade: \_\_\_\_\_

Return ALL forms to your counselor

This is to certify that \_\_\_\_\_, a student at Proviso West High School, has completed \_\_\_\_\_ unpaid hours of service to me (our organization).

Dates the service occurred: \_\_\_\_\_

His/her duties involved the following responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My/our evaluations of the following qualities of this student's service are:

	Excellent	Good	Fair	Needs Improvement
Attitude	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Assumes Responsibility	_____	_____	_____	_____
Performance	_____	_____	_____	_____

Name (or organization name): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of supervisor or person reporting)

\_\_\_\_\_  
(Position or title)

Telephone number where you can be reached for verification: \_\_\_\_\_