

On Time?	
YES	NO

**Page High School
Senior Project Product
Community Service Verification**

Advisor: _____

****The form must be complete to meet the deadline. One form per organization/agency.****

A. Student Portion

LAST NAME FIRST NAME MIDDLE INITIAL SCHOOL YEAR

Name of Organization/Event: _____

Date(s) of Service: _____

Number of Hours Served: _____

What I Did as Service: _____

What I found rewarding about this experience:

Student's Signature: _____ Date Signed: _____

B. AGENCY PORTION: *MUST BE COMPLETED IN BLUE INK.*****

The student completed the volunteer service as stated above () **Successfully** () **Unsuccessfully**

Supervisor's Printed Name: _____

Supervisor's Signature: _____ Date: _____

Email address: _____

Daytime Telephone: _____ Evening Telephone: _____

Agency Name: _____

Agency Address: _____

Comments: _____

****All Community Service verification forms are to be turned in during Patriot Period on October 22, 2009. Community Service must have been completed between April, 3 2009 and October 21, 2009.**

To be completed by Senior Project Advisor	
Date Verified: _____	How Verified: _____
Who was contacted: _____	
Senior Project Advisor Signature: _____	
PASS (25 hours total completed)	FAIL