



Community Service Contact Sheet

Faculty Verification Form

Direction: This form must be completed prior to starting any community service. This must be approved by the Assistant Vice President for Student Affairs.

Activity 1: _____	Overseer Approval: _____
Sponsor: _____	Sponsor Phone Number: _____
Date Started (mm/dd/yy): _____	Date Finished (mm/dd/yy): _____
Sponsor Signature: _____	TOTAL HOURS COMPLETED: _____

Activity 2: _____	Overseer Approval: _____
Sponsor: _____	Sponsor Phone Number: _____
Date Started (mm/dd/yy): _____	Date Finished (mm/dd/yy): _____
Sponsor Signature: _____	TOTAL HOURS COMPLETED: _____

Activity 3: _____	Overseer Approval: _____
Sponsor: _____	Sponsor Phone Number: _____
Date Started (mm/dd/yy): _____	Date Finished (mm/dd/yy): _____
Sponsor Signature: _____	TOTAL HOURS COMPLETED: _____

Student Signature: _____	Date Submitted: _____
Parent Signature (if applicable): _____	Total Worked: _____

SUBMIT THIS FORM TO ROOM 106 WHEN ONE, TWO OR THREE ACTIVITIES HAVE BEEN COMPLETED.