

Nantucket High School
Community Service
Verification Form



Student Name: _____ Grade: _____

DESCRIPTION OF COMMUNITY SERVICE ACTIVITY:

Name of Organization: _____

Description of Community Service Work: _____

DATES WHEN COMMUNITY SERVICE TOOK PLACE AND VALIDATING SIGNATURES:

Date: _____ Time: _____ # of Hours: _____

Supervisor's signature and position: _____

_____ Phone #: _____

Date: _____ Time: _____ # of Hours: _____

Supervisor's signature and position: _____

_____ Phone #: _____

Date: _____ Time: _____ # of Hours: _____

Supervisor's signature and position: _____

_____ Phone #: _____

TOTAL # OF HOURS: _____

Parent Permission: I, the parent of the above named student, give my permission for my student to participate in the community service activities described above. **(Prior to serving)**

Parent signature: _____

Parent Validation: I, the parent of the above named student certify that my son/daughter performed the described community service at the times listed above. **(After serving)**

Parent Signature: _____

- **ONE form required per organization with whom you'll be performing your hours.**
- **Student MUST fill out the attached reflection form after the activity is complete.**
- **A minimum of 20 hours (5 per year) Community Service required for graduation.**

STUDENT COMMUNITY SERVICE REFLECTION FORM

Explain the purpose (mission statement) of the organization you served: _____

How did (or will) your work benefit the community: _____

Reflect on how you felt about your service and yourself: _____

Student Signature: _____ Date: _____



COMMUNITY SERVICE

NANTUCKET HIGH SCHOOL

COMMUNITY SERVICE PROGRAM

STUDENT LOG

For student records only. Please retain this log.

You will need this information when creating your resume.

Name: _____ YOG: _____

Volunteer Service Description	Dates	Hours	Sponsor Name	Verification Signature

Total Hours of Volunteer Work: _____