Community Service Verification Form

**This form is to verify that the student named below has completed volunteer community service for a non-profit organization.**

**Student Name Jane Doe Age 15**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Description of Service Provided** | **Hours** |
| **12/01/19** | **1-3 pm** | **SFVCCA Youth Group Open House Volunteer** | **2** |
| **2/1/20** | **7-8 pm** | **SFVCCA Youth Group Meeting** | **1** |
| **3/8/20** | **7-8 pm** | **SFVCCA Youth Group Meeting** | **1** |
| **4/23/20** | **7-9 pm** | **SFVCCAYG XXX Interview preparation** | **2** |
| **4/26/20** | **7-9 pm** | **SFVCCAYG XXX Interview Host** | **2** |
| **6/13/20** | **7-8 pm** | **SFVCCA Youth Group Meeting** | **1** |
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|  |  | **Total Hours** | **9** |

**Name of Organization Representative Holly Wang Email Holly.wang@sfvcca.org**

**Organization SFVCCA Youth Group Title/Position Youth Group Advisor**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_6/30/20\_\_\_\_\_\_\_\_\_**

**We thank you for providing the volunteer opportunities to our students!**