Community Service Hours Verification

This form is to be filled out by the student for each separate community service job and signed off by the supervisor for each separate job. Any forgery or misrepresentation of data is grounds for failure of the SDCP.

_____   _____

Student   **Grad**

Date Worked	Time Worked	Hours Worked	Tasks Completed	Mentor Initials

TOTAL HOURS: _____

I certify that this log is accurate.

Supervisor Signature: _____

Supervisor Name (print): _____

Organization: _____

Date: _____

Phone/Email: _____