

# Bishop Moore Catholic HIGH SCHOOL

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## COMMUNITY SERVICE VERIFICATION FORM

**INCOMPLETE FORMS  
WILL BE DENIED**

**HOURS MUST BE ENTERED  
IN THE [ONLINE FORM](#).**



**COMMUNITY SERVICE OFFICE USE ONLY**  
DATE RECEIVED: \_\_\_\_\_

STUDENT PROPER NAME (please print)

GRADE

### SERVICE SITE INFORMATION - ONE FORM PER SERVICE SITE

**NOTE: All students must fulfill their community service requirement at a NON-PROFIT organization**

NAME OF NON-PROFIT ORGANIZATION

NAME/POSITION OF CONTACT PERSON FOR ORGANIZATION

CONTACT PHONE NUMBER

DESCRIBE IN DETAIL THE SERVICE YOU PERFORMED

### SERVICE LOG - SPECIFIC DATES & TIMES ARE REQUIRED

**(To be completed by the contact person for the organization at the time service is performed)**

DATE OF SERVICE	TIME OF SERVICE		# OF HOURS SERVED THIS DATE	SUPERVISED THIS DATE BY <small>(PRINT NAME &amp; INITIAL FOR EACH SHIFT) DO NOT SIGN A BLANK FORM SUPERVISOR MAY NOT BE RELATED TO STUDENT</small>
	FROM	TO		

TOTAL NUMBER OF HOURS LISTED ABOVE:

By my initials, I verify that the above named student completed the community service hours listed.

**DO NOT SUBMIT THIS FORM WITHOUT ALL SIGNATURES. HOURS MUST BE INPUT BY STUDENT ONLINE.**

I submit the above Community Service Hours to fulfill my requirement for the current school year.  
I UNDERSTAND THAT ANY MISREPRESENTATION ON THIS DOCUMENT WILL RESULT IN A REFERRAL TO STUDENT SERVICES FOR DISCIPLINARY ACTION.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By my signature, I verify that my son/daughter completed the community service hours at the non-profit organization listed above.