Bishop Moore Catholic HIGH SCHOOL
3901 EDGEWATER DRIVE · ORLANDO, FL 32804 · 407.273.7561 · WWW.BISHOPMOORE.ORG

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

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.