

**Shelter Island High School
Community Service Verification Form**

Date: _____

Graduation Year: _____

Student Name: _____

Current Grade: 9 10 11 12

Name of Organization: _____

Number of completed hours: _____

Begin Date: _____

End Date: _____

List of activities student was involved in:

Name of Supervisor: _____

Supervisor Signature: _____

Contact information of Supervisor: _____

Student Signature: _____

Date: _____

Once you have completed this form and obtained all necessary signatures, bring this form to the Guidance Office for final approval. Paid positions and mandatory community service do not qualify for community service.

For Guidance Office:

Initial for verification: _____

Entered by: _____

Date: _____