

**Capital City Public Charter School
Community Service Verification**

Student Name: _____

Advisor: _____

The above named student is seeking to satisfy his/her graduation requirement of 100 Community Service hours. Please verify their service below. Be sure to include a brief description of the service provided. (This form should not be signed by a family member.)

MUST BE COMPLETED AT A VERIFIABLE NON-PROFIT ORGANIZATION

Community Service Verification

Date of Service:	Time In:	Time Out:	Total Time:
Brief Description of service provided:			
Official's Signature:		Date Signed:	
Official's Title:			
Non- Profit Organization Name:		Phone:	

Community Service Verification

Date of Service:	Time In:	Time Out:	Total Time:
Brief Description of service provided:			
Official's Signature:		Date:	
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