



Waldorf High School

OF MASSACHUSETTS BAY

Approved by Cedar Oliver _____
Signature

COMMUNITY SERVICE VERIFICATION FORM – 2019-2020

Name of Student _____

Program _____

Program Location _____
Street Town

Contact Person _____

Telephone # of Contact Person _____

E-mail address of Contact Person _____

Signature of Contact Person _____

Date of Service ____ # of Hours _____

Date of Service ____ # of Hours _____

Date of Service ____ # of Hours _____

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Date of Service ____ # of Hours _____

Evaluation of student's contribution: (continue on back if needed)

Return this form to the Main Office

Recorded _____
By Date