

Hamilton Township High School Community Service Project

SERVICE HOURS VALIDATION

Volunteer Name: _____ Class of 20 _____

For whom did the volunteer complete the service?

Organization Title or Individual: _____

Coordinator or Supervisor: _____

Coordinator/ Supervisor's Signature: _____

Coordinator/ Supervisor's Phone Number: _____

Where was the service completed?

Street: _____

City: _____ State: _____ Postal Code: _____

Date(s) & Times of Service: _____ HOURS: _____

Describe the tasks performed for the service: _____

Students who enter their off-campus service online must submit this form or a letter as validation of their completed service.

