

St. Teresa of Calcutta Catholic Schools

Calmar - Ossian - Spillville

Verification of Service Form

To be completed by the **student**:

Name: _____

Date(s) of Service: _____

Total number of hours: _____

To be completed by the **community member**:

I verify that _____ volunteered for
(name of student)

_____ hours at _____
(location/name of event)

During this time the student _____
(type of task)

Community member's signature _____

Printed Name _____

Date _____ Phone number _____

Email address _____

Comments (optional)