



**SAGE CREEK HIGH SCHOOL**  
3900 CANNON ROAD  
CARLSBAD, CA 92010  
(760) 331-6600 FAX: (760) 730-9698

### Community Service Hours Verification Form

Form is to be completed and signed by the student. Make a copy to keep at home documenting your service for your college applications or experience when creating a resume. Turn **original form** into the counseling office when completed.

**Student Name** (print clearly): \_\_\_\_\_

ID Number: \_\_\_\_\_

Graduation year: \_\_\_\_\_

Service Date: \_\_\_\_\_

Total hours completed: \_\_\_\_\_

Activity/What did you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Organization Information:

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact person: \_\_\_\_\_

\_\_\_\_\_

Print Name of Supervisor

\_\_\_\_\_

Title (ie Activity Director)

\_\_\_\_\_

Signature of Supervisor

\_\_\_\_\_

Date

**NOTE:** A business card or letter on the organization's letterhead must accompany this form. A signature from a representative/supervisor of the non-profit organization is required for service hours to be considered valid and documented.

#### FOR COUNSELING OFFICE USE:

# Hrs previously reported: \_\_\_\_\_ + # hrs on this report: \_\_\_\_\_ = new total # service hours: \_\_\_\_\_

Recorded on: \_\_\_\_\_ by: \_\_\_\_\_