COMMUNITY SERVICE VERIFICATION FORM

School's name:				
School's address:		Cit	y:	
State: Zip:				
Supervisor's name:				
Participant's name:				
Number of hours ordere	d to com	plete: Ordere	ed date of completion	:
Organisation's Name	Hours	Activity	Organizer's Name	Email or Phone
	<u> </u>			1

Note / Comment:

This form is being provided by the Pacific Beach Coalition Go on our website to check out all the opportunities available to complete your Community Service hours www.pacificbeachcoalition.org

