

Scranton Prep VERIFICATION OF SERVICE



Name: _____ HR Room: _____ HR Teacher: _____

Service Details

Grade Level: _____

Service Project Agency: _____

Agency Location: _____

Description of work: _____

Total Hours of Service: _____

Date of Service: _____

Signatures

Supervisor Name (Print): _____

Supervisor Signature: _____

Student Name (Print): _____

Student Signature: _____

Date of Signatures: _____

Supervisor phone Number (Optional): _____

Agency Phone Number: _____