



**Northland Pines  
Middle & High School**

**Service to Community Hours  
Verification Form**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Date of Experience \_\_\_\_\_ Number of service hours \_\_\_\_\_

Name of Agency/Organization \_\_\_\_\_

Describe the service activities performed:

Name of Agency representative (please print): \_\_\_\_\_

Phone number: \_\_\_\_\_

Agency representative signature: \_\_\_\_\_ Date \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_