



**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 _____