



OLDFIELDS

Community Service

Verification of Volunteer Hours

Student Name: _____ Graduation Year: _____

Name of Service Site/Organization: _____

Date(s) of Service: _____ Total Hours Earned: _____

Brief Description of Service:

Site Supervisor: *Your signature below verifies that the hours listed are correct, the student was not compensated in any manner, and that an orientation was provided to ensure the student understood the purpose/mission of the organization and how their service addressed a community need.*

Site Supervisor Signature: _____

Site Supervisor Contact Information: _____
