



# Eden Central School District

## Community Service Verification Form

Current ECSD building student attends:

- GLP
- Eden Elementary
- Jr./Sr. High School

Retain this signed form when you have completed a community service assignment/project; use a separate form for each organization served.

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Total number of hours served for this agency:** \_\_\_\_\_

**Agency/Organization/Company where service was performed:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Supervisor/Contact person: \_\_\_\_\_

Description of Service(s):

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_