

Confirmation of Community Service
(to be by an official volunteer position or arranged privately)

I would like to confirm that _____ has completed _____ hours of Service in the community.

Organization / Business Name: _____

The specific job or duty performed infor the community was: _____

The activity was completed on, or between the following date: _____

Name of Supervising adult: _____

Contact phone number of supervisor: _____

Performance comments (optional): _____

Signature: _____ Date: _____