

Barneveld High School



Verification of Service Hours

To be completed by **STUDENT**:

Student Name _____ Graduation year _____
Dates of Service _____ Hours of Service _____
Place of Service _____

Type(s) of Service Completed _____

To be completed by **COMMUNITY MEMBER**:

I verify that _____ volunteered for _____ hours of service.

Community/School Official Signature

Date

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