

COMMUNITY SERVICE VERIFICATION FORM



To be completed by the BCHS student:

Nonprofit Organization at which community service hours were completed:

Date of service hours: _____

of hours served (to nearest ½ hour): _____

Brief description of community service work:

I have NOT been compensated for these service hours.

Year at BCHS: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Student Name (printed): _____

Student Signature: _____ Date: _____

To be completed by the Nonprofit Organization:

Name of Nonprofit Representative supervising service work: _____

Title of Nonprofit Representative: _____

Signature of Nonprofit Representative: _____

Submit completed form to:

Brown County High School – 500 E Main St – Mt. Sterling, IL 62353 – Attn: Kaitlyn Ealy, School Counselor