



LAKE COUNTRY CHRISTIAN SCHOOL

Community Service Verification Form 2019-2020

Please print legibly! You will need to complete a separate form each time service is rendered

Name _____ Grade _____

Sponsoring Organization/Agency _____

Contact phone number _____

Type of service rendered _____

Date _____ Time: From _____ to _____ for a total of _____ hours

*Please **record actual hours served**. Students are not allowed to count double hours or anticipated hours that are not served.*

Printed Name of Organization Representative _____

Signature of Organization Representative _____

Signature of LCCS student _____

To be completed by Community Service Coordinator-----

Form Received on _____ Entered _____