Richmond Community High School Community Service Program Verification of Student Hours

Student's Name Graduation Year				Organization/Company Name Name of Organization Representative (print clearly)	
Description of Duties:					
				Is this a non-profit organization?	
Community Service Coordinator PREAPPROVAL:				Date:	
DATE; (MM/DD/YY);	TIME	TIME :	HOURS	SUPERVISOR'S SIGNATURE.	
Name of Organization Representative (print clearly)				Parent Signature	
Organization Phone:				Total Hours:	