Angeles Institute

Community Service Verification Form

Student Name: _____ Student Phone Number: _____

Name of Agency: _____ Agency Phone Number: _____

Agency Address: _____

Name of Site Manager: _____ Contact Person: _____

Please Note:

1. Submitting this Form does not mean that the hours indicated on it will automatically be applied to the Community Service Program. All volunteer hours are subject to verification.
2. All volunteering opportunities must be approved by Angeles Institute.
3. Volunteering is at a non-profit organization. *Use one form per Agency*.

Date	Activity or Task	Time In	Time Out	Total Hours Worked	Contact Person's Signature	Telephone Number
Total Hours Volunteered (Hours and minutes)						

I verify that all information contained on this form is correct: ***Student Signature***: _____