

**CPA, INC./COLLEGE BOUND PROGRAMS
COMMUNITY SERVICE VERIFICATION FORM**



Student Name _____

Total number of hours worked _____

Department or Organization where work was done:

Name of Supervisor:

(please print)

Address: _____

Phone: _____

Description of work done: _____

I hereby acknowledge that the volunteer service as described above has been satisfactorily and fully completed.

Name: _____

Title: _____

Supervisor (please print)

Date _____

Supervisor's Signature

Date _____

Student's Signature

Note: