

ORHS Community Verification Form

Student:

Today's date:

Description of Activity:

Total Hours:

From: _____(date) to _____(date)

Supervisor/contact person: _____

Email Address: _____

Phone number: _____

Signature of supervisor: _____

ORHS Community Service Verification Form

Student:

Today's date:

Description of Activity:

Total Hours:

From: _____(date) to _____(date)

Supervisor/contact person: _____

Email Address: _____

Phone number: _____

Signature of supervisor: _____