

## SERVICE VERIFICATION SHEET

DIRECTIONS: PLEASE RECORD EACH HOUR OR SERVICE THAT YOU PERFORMED, GIVING A BRIEF DESCRIPTION OF THE SERVICE ACTIVITY AND NOTING THE DATE AND TIME SPENT.

ALL HOURS OF SERVICE MUST BE VERIFIED BY HAVING THE PERSON YOU ASSISTED OR THE MODERATOR/COACH OF AN ACTIVITY SIGN THE APPROPRIATE ITEM.

DESCRIPTION OF SERVICE ACTIVITY	DATE	TIME SPENT	MODERATOR'S SIGNATURE	PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby affirm by my signature that my son or daughter completed the above service activities, devoting a minimum of ten hours to non-compensated service.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

