



WEST ISLIP HIGH SCHOOL

COMMUNITY SERVICE VERIFICATION FORM

Date: \_\_\_\_\_

Graduation Year \_\_\_\_\_

Current Grade \_\_\_\_\_

This form verifies that \_\_\_\_\_, a student at West Islip High School  
*Name of Student –( please print)*

has been participating in Community Service with \_\_\_\_\_, and  
*(Name of Organization)*

has completed \_\_\_\_\_ hours, between \_\_\_\_\_ and \_\_\_\_\_.  
*(# of hours) (date began) (date ended)*

\_\_\_\_\_  
*Name of Supervisor (please print)*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Signature of Student*

**Student:**

List activity you were involved in during Community Service:

\_\_\_\_\_  
\_\_\_\_\_

National Honor Society Endorsement – If this activity qualifies for National Honor Society Hours, the signature of the West Islip NHS Advisor must certify this:

\_\_\_\_\_  
NHS Advisor Signature

\_\_\_\_\_  
Date

***Students: Once you have completed this form and obtained all necessary signatures, bring this form to the Counseling Office for final approval***

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by (initials) \_\_\_\_\_ Date: \_\_\_\_\_