

COMMUNITY SERVICE COMPLETION FORM

I. PARTICIPANT INFORMATION

Participant's Full Legal Name: [participant full legal name]

Date of Birth: [participant date of birth]

Current Address: [participant mailing address]

Phone Number: [participant phone number]

Government-Issued ID Number (optional): [participant government-issued ID number]

Reason for Community Service: [reason for community service]

This form is being submitted as proof of service to: [name of entity requiring service]

II. SERVICE ORGANIZATION INFORMATION

Organization Name: [organization name]

Contact Person/Supervisor: [supervisor full legal name]

Supervisor's Title: [supervisor title]

Organization Address: [organization mailing address]

Organization Phone Number: [organization phone number]

Organization Email Address: [organization email address]

III. COMMUNITY SERVICE DETAILS

Description of Tasks Performed: [detailed description of tasks performed]

Start Date of Service: [service start date]

End Date of Service: [service end date]

Total Hours Completed: [total hours completed]

IV. ATTESTATION AND VERIFICATION

A. Participant's Attestation

I, [participant full legal name], hereby certify that the information provided above regarding my community service hours is true and accurate to the best of my knowledge. I understand that this form

will be submitted as proof of my completed service.

B. Supervisor's Verification

I, [supervisor full legal name], as the authorized representative of [organization name], hereby verify that [participant full legal name] performed community service under my supervision as detailed above. The tasks performed, dates of service, and total hours completed are accurate. There were no challenges or incidents encountered during the service. The Participant was not recognized or awarded for their service.

V. SIGNATURES

PARTICIPANT

Signature: _____

Date: _____

Print Name: [participant full legal name]

Address: [participant mailing address]

SUPERVISOR

Signature: _____

Date: _____

Print Name: [supervisor full legal name]

Title: [supervisor title]

Organization: [organization name]

Address: [organization mailing address]