

TRINITY EPISCOPAL SCHOOL
MIDDLE SCHOOL SERVICE HOURS VERIFICATION

Student's Name: _____ GRADE (circle one) 6 7 8

NAME OF PROJECT/SERVICE _____

DATE OF SERVICE _____/_____/20_____

HOURS VOLUNTEERED _____

BRIEF DESCRIPTION OF SERVICE PERFORMED (STUDENT COMPLETES)

NAME OF ADULT SUPERVISOR _____

ADULT SUPERVISOR'S PHONE NUMBER (____) - _____ - _____

ADULT SUPERVISOR'S SIGNATURE _____

IMPORTANT: Please remember to return this form to the Middle School Coordinator.