Winnacunnet High School



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Verification of Voluntary Community Service for Winnacunnet High School

Student's Name:	Year of Graduation:
ID#:	
Description of Volunteer Service:	
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Date of Service:	
Total # of Hours of Service:	
Please have the person in charge read and sign this.	
I have read the above and verify the information given by	the student.
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Signature	Date