Verification of Voluntary Community Service for Winnacunnet High School

Student's Name: ___________________________ Year of Graduation: __________________

ID#: ___________________________

Today’s Date: ___________________________

Name of Organization: ___________________________________________________________

Name of Contact Person or Supervisor: ___________________________________________

Description of Volunteer Service:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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.

_________________________ __________________________
Signature Date

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School Website: www.winnacunnet.org