

BOSTON LATIN ACADEMY



COMMUNITY SERVICE PROGRAM

VERIFICATION FORM

Student Name _____ Homeroom _____

Volunteer Agency _____

Agency Address _____

Proposed Community Service _____

Student Signature _____ Date _____

VERIFICATION STATEMENT:

This form verifies that (student) _____

has successfully completed _____ hours of community service as of _____.

Contact Person (print) _____ Telephone _____

Contact Person (signature) _____ Date _____