**Pulaski Academy & Central School**

**High School Community Service Requirement**

**Hours Verification Form**

[students must fill in this form completely for submission]

**Student Name**: Class of:



**Name of organization/agency** for whom the community service was done:



**Supervisor’s Name**: Phone:



Please write a brief description of the type of work the organization performs:





Please explain how you feel your service has benefitted the organization and your community:







**Hours Log:** [Please seek to complete a minimum of 5 hours of community service per quarter.]

| **Date of Work** | **Hours** | **Work Performed** | **Supervisor’s Initials** |
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**Total hours completed**:

Supervisor comments:

