



**Charles Wright Academy
Individual Community Service
Verification Sheet**

NAME (print clearly) _____ GRADE _____

Date(s) of service done _____ Hours of service _____

Name of agency _____

Address of agency _____

Agency phone number _____

DESCRIPTION OF SERVICES _____

Name of supervisor (print) _____

Supervisor's signature

Student's signature

In addition to credit for service hours, what else did you get out of this experience?

Service from our hearts,
Incorporated into our lives,
Connecting us with others.