

**Elkhart Lake-Glenbeulah High School**  
**COMMUNITY SERVICE RECORD AND VERIFICATION**

Name \_\_\_\_\_ Year in School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Date(s) of Community Service \_\_\_\_\_  
(Day, Month, Year)

Number of Hours (rounded to nearest 1/2 hour) \_\_\_\_\_

Brief Description of Service Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Adult Verifier of Service

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Adult Verifier

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Student Signature

**Submit form to High School Counselor when completed.**

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