**COMMUNITY SERVICE VERIFICATION FORM**

Student ID Number (High School)

Full Student Name (First, Middle, Last)

**SUPERVISOR’S AFFIRMATION:** *By signing below, I affirm that the student named on this form completed the specified number of community service hours on the date listed. I*

*also affirm that he/she did not receive any type of payment or reward for his/her act of service.*

**STUDENT’S AFFIRMATION:**

*By signing below, I affirm that the information provided on this form is true and accurate to the best of my knowledge. I also affirm that I did not receive any type of payment or* reward for my act of service and that the service hours completed are in accordance with the definition of community service outlined for the TJC Promise. I understand that if any information provided on this form is found to be false, I will become ineligible for the TJC Promise.

Student’s Signature

Date

**DATE OF SERVICE**

**# OF HOURS**

**ORGANIZATION’S NAME**

**SUPERVISOR’S NAME**

**SUPERVISOR’S CONTACT PHONE AND/OR EMAIL**

**SUPERVISOR’S SIGNATURE**

**COMPLETE THIS FORM AND SUBMIT TO THE DESIGNATED PERSON AT YOUR HIGH SCHOOL NO LATER THAN APRIL 30.**

**Hours must be volunteered and may not be in conjunction with any school related activity or function. Providing false information will result in the student’s disqualification from the Promise Program.**