

## Confirmation Community Service Record

*Complete the form below and obtain the signature of the service supervisor as verification that the hours were completed as documented.*

Candidate Name: \_\_\_\_\_

Organization Served: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Hours: \_\_\_\_\_

Supervisor Name (Printed): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

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Supervisor Phone Number: \_\_\_\_\_