

Community Service Verification Form
North County Christian School

Name of student volunteer _____ Phone number _____
 NCCS Supervisor: Jamie Pollard, 314-972-6227, ext 454 j.pollard@nccsmo.org

Date(s) of service	Description of service	Place of service	Number of hours
	• school • church • community		
Name of supervisor		Signature of supervisor verifying service	Phone number of supervisor
Volunteer comments		Supervisor comments	

Parent verification: *I believe this record to be accurate and truthful.*

(Signature of parent)

Date(s) of service	Description of service	Place of service	Number of hours
	• school • church • community		
Name of supervisor		Signature of supervisor verifying service	Phone number of supervisor
Volunteer comments		Supervisor comments	

Parent verification: *I believe this record to be accurate and truthful.*

(Signature of parent)

Date	
Number of hours	
School	
Church	
Community	
Total	