

Community Service Verification Form  
North County Christian School

Name of student volunteer \_\_\_\_\_ Phone number \_\_\_\_\_  
 NCCS Supervisor: Laura Howren, 314-972-6227, ext. 454 [l.howren@nccsmo.org](mailto:l.howren@nccsmo.org)

Date(s) of service	Description of service	Place of service	Number of hours
	<input type="checkbox"/> school <input type="checkbox"/> church <input type="checkbox"/> 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
	<input type="checkbox"/> school <input type="checkbox"/> church <input type="checkbox"/> 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	