



# COMMUNITY SERVICE VERIFICATION FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student I.D Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Star Raider: Y N

Recorded (office use): \_\_\_\_\_

Return ALL forms to your Class House or mail to:  
College and Career Center  
Neuqua Valley High School  
2360 95<sup>th</sup> St.  
Naperville, IL 60564

This is to certify that \_\_\_\_\_, a student at Neuqua Valley High School, has completed \_\_\_\_\_ unpaid hours of service to me (our agency).

Dates the service occurred: \_\_\_\_\_

His/her duties involved the following responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My/our evaluations of the following qualities of this student's service are:

	Excellent	Good	Fair	Needs Improvement
Attitude	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Assumes Responsibility	_____	_____	_____	_____
Performance	_____	_____	_____	_____

Name (or agency name): \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state)

\_\_\_\_\_  
(Signature of person reporting)

\_\_\_\_\_  
(Position or title)

Telephone number where you can be reached for verification: \_\_\_\_\_

\*Additional comments may be written on another sheet and attached to this form.

Thank you for your support of community service,  
Bob McBride  
Principal