



TROY HIGH SCHOOL PTSA
STUDENT LEADERSHIP GROUP
PRESIDENT'S VOLUNTEER SERVICE AWARD
COMMUNITY SERVICE VERIFICATION



Please fill out one form for each organization that received your community service. Attach supporting documentation (record of service noting hours by date and service performed) provided by the organization or reported on the Volunteer Service Record.

Student Name: _____ Grade: _____
Student Long ID: _____ Student Age: _____

Organization Verification:

Organization Name: _____
Supervisor Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Activity Name: _____
Activity Date(s): _____ # of Hours: _____

Activity Description:

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Supervisor Signature: _____ Date: _____

Student Certification:

I certify that I have completed the above documented service and followed all guidelines.

Student Signature: _____ Date: _____