



STA CRUSADERS

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STUDENT COMMUNITY SERVICE VERIFICATION FORM

This form will serve as verification that _____
Name Grade

Has performed _____ hours of voluntary community service in the form of
(description of the service)

Service hours were performed on (date of service) _____.

I am ascribing my name to this form as supervisor and witness to the fact of this service.

Print Name of Supervisor _____

Address and telephone number of Supervisor: _____

Signature of Supervisor _____ Date: _____

Note: Community service may not be work performed as a chore at home or work performed for a member of one's immediate family. It should be a service performed to better the community or the life of an individual in some way. It may be work done with a member of the family for a good cause. This form should be signed by the person supervising or overseeing the performing of this service.