Galion City Schools Verification of Community Service Performed in Grades 9-12

Required 15 Hours per Year

(submit completed log to Guidance)

Student Name: _____ **Student Number:** _____ **Graduation Year: 202___**

Type of Volunteer Work Performed	Site of Volunteer Work	Verifier Name (PRINT)	Verifier's Signature	Verifying Phone Number	Dates of service	# of Hours
TOTAL VOLUNTEER HOURS----------→						

If additional space is need, please print an addtional form.