

Middle Country Central School District

Selden Middle School

Community Service Verification Form

School Year _____ - _____

Date _____

This form verifies that _____, a student from Selden Middle School, has
Name of student (please print)

participated in Community Service with _____, and has completed
_____ (hours), between _____ and _____.
(# of Hours) (Start Date) (End Date)

Name of Supervisor (please print)

Phone Number

Signature of Supervisor

Signature of Student

List Volunteer Activity you were involved in:

**** Additional Copies of this form can be found in the Guidance Office ****