



WEST ISLIP HIGH SCHOOL

COMMUNITY SERVICE VERIFICATION FORM

Date: _____

Graduation Year _____

Current Grade _____

This form verifies that _____, a student at West Islip High School
Name of Student –(please print)

has been participating in Community Service with _____, and
(Name of Organization)

has completed _____ hours, between _____ and _____.
(# of hours) (date began) (date ended)

Name of Supervisor (please print)

Phone Number

Signature of Supervisor

Signature of Student

Student:

List activity you were involved in during Community Service:

National Honor Society Endorsement – If this activity qualifies for National Honor Society Hours, the signature of the West Islip NHS Advisor must certify this:

NHS Advisor Signature

Date

Students: Once you have completed this form and obtained all necessary signatures, bring this form to the Counseling Office for final approval

Counselor Signature: _____ Date: _____

Entered by (initials) _____ Date: _____