CARLISLE SCHOOL
Character | Intellect | Leadership

Community Service Verification Form

Student Name:		School Year:	

Name of Activity/Program:			
Number of Hours:		Date:	

Please describe your community service: what was your activity, where was it done, and how did it benefit someone else

To Be Completed By Activity Leader Only	
Name: (Print)	
Signature:	
Phone Number:	
Date:	

For Carlise Staff Use Only

Date Received: _____

Director's Signature: _____

*Please return this form to the Division Director