

Cumberland County Schools  
Student Volunteer Program Verification form

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Academic Year: \_\_\_\_\_ Program Advisor: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Total # of Hours: \_\_\_\_\_

Describe the nature of your community service: \_\_\_\_\_

*I hereby acknowledge that all work described above has been satisfactory and fully completed. No monetary compensation was paid to* \_\_\_\_\_

*Print Name of Student*

Contact person/service supervisor's signature  
Confirming the amount of service conducted:

\_\_\_\_\_ Date: \_\_\_\_\_

Student's signature verifying all information submitted is correct:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**All documentation for community service hours must be turned in within 30 days in order to be counted toward the Service Cord requirement.**