



Community Service Verification  
Fishers Island School

\_\_\_\_\_ has worked \_\_\_\_\_ as a  
(Name) (# of hours)

volunteer for \_\_\_\_\_  
(Name, address of organization)

\_\_\_\_\_

Service performed \_\_\_\_\_

On \_\_\_\_\_  
(Date(s) of service)

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Supervisor's Name & Title—Please **print**)

Contact phone # \_\_\_\_\_