



North Florida Educational Institute Community Service Form



Student Name: _____

School Year: _____

Grade: _____

- Community service hours **MUST** be completed at a **NON-PROFIT ORGANIZATION**.
- Community service hours **WILL NOT** be given for services performed for a parent, relative or family business.
- You **MUST** have the supervisor of the organization you volunteered for verify the hours with a signature and phone number.
- **IF EXCEEDING 30 HOURS OF SERVICE WITH THE SAME NON PROFIT ORGANIZATION, YOU MUST PROVIDE A LETTER OR CERTIFICATE WITH THIS FORM!**

Date of Service	Total # Hours	Name of Non-Profit Organization	Name of Verifier	Verifier's Signature	Verifying Phone Number
TOTAL HOURS					

Signature of Counselor: _____