



**Additional Community Service/Volunteer Work Verification Form:**

Please note below any additional service you have done outside of service days coordinated by BIO-MED Science Academy. A separate form must be completed and signed for each place of service in order for the experience to count toward your community service hours that will be listed on your transcript. If over 25 hours of service is completed at one location, be sure to fill out the breakdown on the backside of this form or your hours will not be accepted. If there is a place you volunteer regularly, complete one form each school year to keep track of your hours. If you do volunteer work through a school sponsored club, please have the advisor sign this form. Please return completed forms to Miss Hammond.

Student Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Location of Service Work/Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Total Number of Hours Volunteered: \_\_\_\_\_

Description of Tasks Performed:

\_\_\_\_\_  
\_\_\_\_\_

Agency Supervisor/Representative: \_\_\_\_\_  
print sign date

Parent/Guardian: \_\_\_\_\_  
print sign date

Student: \_\_\_\_\_  
print sign date

