

Tolland High School
Verified Acts of Service Completed without Compensation

Student Name: _____

Description of Activity: _____

Number of Hours Completed: _____

Date Service Completed: _____ (xx/xx/xxxx)

Supervisor Verification (may not be a parent of the student):
 Supervising Adult Signature: _____

Supervising Adult Contact Number: _____

Supervising Adult Email Address: _____

Supervisors of service may be contacted should additional verification be needed. A description of acceptable acts of service is provided on the reverse side of this document.

Please return these forms to the student's school counselor.

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