

# Volunteer Community Service Documentation Form

This is to certify that (student name) \_\_\_\_\_ from iSTEM Geauga Early College H.S.

Class of \_\_\_\_\_ has performed volunteer service on the date(s) and location(s) listed below.

Name of Organization/Non-Profit/Event: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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Date of the Event	Time In	Time Out	Total Hours Per Day

Specific Duties/Sevices Performed:

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

Supervisor Printed Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

