TJC Promise

COMMUNITY SERVICE VERIFICATION FORM

COMPLETE THIS FORM AND SUBMIT TO THE DESIGNATED PERSON AT YOUR HIGH SCHOOL NO LATER THAN APRIL 30.
Hours must be volunteered and may not be in conjunction with any school related activity or function. Providing false information will result in the student's disqualification from the Promise Program.

Student ID Number (High School) _____

Full Student Name (First, Middle, Last) _____

SUPERVISOR'S AFFIRMATION: *By signing below, I affirm that the student named on this form completed the specified number of community service hours on the date listed. I also affirm that he/she did not receive any type of payment or reward for his/her act of service.*

DATE OF SERVICE	# OF HOURS	ORGANIZATION'S NAME	SUPERVISOR'S NAME	SUPERVISOR'S CONTACT PHONE AND/OR EMAIL	SUPERVISOR'S SIGNATURE

STUDENT'S AFFIRMATION:
By signing below, I affirm that the information provided on this form is true and accurate to the best of my knowledge. I also affirm that I did not receive any type of payment or reward for my act of service and that the service hours completed are in accordance with the definition of community service outlined for the TJC Promise. I understand that if any information provided on this form is found to be false, I will become ineligible for the TJC Promise.

Student's Signature _____ Date _____