



### COMMUNITY SERVICE VERIFICATION

For service activities completed outside of school, students must submit this form to the BLS Service Learning Hours Coordinator. Photocopies ARE acceptable, as is the same information provided on company letterhead. Thank you!

#### To be completed by student:

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

Graduation Year: 20

Name of Parent(s)/Guardian(s): \_\_\_\_\_

#### To be completed by Verifying Agent (Agency/Organization):

Verifying Agent's Name: \_\_\_\_\_

Name of Agency/Organization: \_\_\_\_\_

#### Contact Information of Agency/Organization:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Description of Service Performed:

#### Dates and Hours:

Dates	# of Hours	Dates	# of Hours

Submit to Amy Zbikowski at [amy.zbikowski@baltimorelabschool.org](mailto:amy.zbikowski@baltimorelabschool.org)

Date Submitted to BLS Community Service Coordinator: \_\_\_\_\_

Confirmed by: E-mail \_\_\_\_\_ Phone \_\_\_\_\_ On date: \_\_\_\_\_