



WELLSPRING

PREPARATORY HIGH SCHOOL

a bridge to a life well lived

Community Service Confirmation Forms

Name of Student _____

Total number of hours worked _____

Department or Organization where work was done:

Name of Supervisor:

(please print)

Address: _____

Phone: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to _____.

Name of Student (please print)

Name: _____

Title: _____

Supervisor (please print)

Supervisor's Signature

Date

Student's Signature

Date