

**Verification of Community Service
(Florida Bright Futures Program)**

Student Name _____ Student ID _____

Date _____ School Name _____ Grade _____

Grd Lvl	Date of Service	Total # of Hours	Type of Volunteer Work (activity or task Performed)	Site of Volunteer Work	Name of Verifier	Verifier Signature	Verifying Phone Number

Total Number of Hours on this sheet: _____

**Please Return to Mrs. Tabri in the Student Office*