

**HACKENSACK HIGH SCHOOL  
OFFICE of STUDENT ACTIVITIES**



**Community Service  
Information and Verification**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Event for Community Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Task or service performed: \_\_\_\_\_

Duration of Service: \_\_\_\_\_

Verification of service:

Organization Name: \_\_\_\_\_

Verifying Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_