



**SALISBURY**  
CHRISTIAN SCHOOL

**Community Service Verification Form**  
(CSV-1)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Organization/Group service was provided to:

\_\_\_\_\_

2. Description of service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Brief comments about quality of work, attitude, punctuality, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Number of hours worked: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_