



Eliot-Hine Middle School
Community Service Verification Form

Student Information (Please Type or Print)

Name: _____

Student ID: _____

Student Agreement

I understand that ALL community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

Name of Student (Please Print)

Student Signature (Required)

Organization Information

Name of Organization/Government Agency: _____

Address: _____

Supervisor Name: _____ Supervisor Email: _____

Telephone Number: _____

Brief Description of Activity	Date	Time In	Time Out	# of Hours (rounded to the nearest 0.5 hours)

I certify that these hours have been completed according to the requirements for DCPS Community Service Hours.

Name of Supervisor (Please Print)

Title

Signature (Required)

If you have any questions about this form, you may contact:

Mr. Joscelin Lockhart: Assistant Principal (joscelin.lockhart@dc.gov) or Ms. Bess Davis: IB Coordinator (bess.davis@dc.gov)