

**SPECTRUM EMPOWERMENT**

**Community Service Verification Form**

Name \_\_\_\_\_

This is to verify that \_\_\_\_\_ completed \_\_\_\_\_ hours of  
Community Service work.

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

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

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

Explanation of community service completed:

Signature \_\_\_\_\_

This form may be copied.