

**Palm Beach Virtual School
Community Service Confirmation Form**

Date of Service	Beginning time	Ending time	# of hours

Total number of hours worked _____

Department or Organization where work was done: _____

Name of Supervisor: _____ Phone: _____

Address: _____

Description of work completed: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to _____.
Name of Student (please print)

Supervisor's Name: _____ Title: _____
Supervisor (please print)

Supervisor's Signature Date

Student's Signature Date