



GARDEN CITY PUBLIC SCHOOLS

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<http://highschool.gardencity.k12.ny.us/>

School Counseling Center

GARDEN CITY HIGH SCHOOL

COMMUNITY SERVICE VERIFICATION FORM

SCHOOL YEAR: _____ - _____

Date: _____

Graduation Year: _____

Student ID: _____

Current Grade: _____

This form verifies, _____, a student at Garden City High School,
Name of student (please print)

has been participating in Community Service with _____
(Name of Organization)

and has completed _____ hours, between _____ and _____.
(# of hours) (date began) (date ended)

Name of Supervisor (please print)

Phone Number

Signature of Supervisor

Signature of Student

Students: List volunteer activity in which you participated below

Students: When this form is complete with all required signatures, please bring to the Counseling Center for final approval.

Counselor Signature: _____

Date: _____