



Cumberland County Schools (CAPE FEAR HS)
Student Volunteer Program Verification form

Student Name: _____ Student ID # _____

Academic Year: 2015-2016 Grade Level: 12 Program Advisor: Kemberli Mayo

Name of Organization: _____

Address: _____

Contact Person/Title: _____

Date(s) of Service: _____ Total # of Hours: _____

Describe the nature of your community service: _____

I hereby acknowledge that all work described above has been satisfactory and fully completed. No monetary compensation was paid to _____

Print Name of Student

Contact person/service supervisor's signature
Confirming the amount of service conducted:

_____ Date: _____

Student's signature verifying all information submitted is correct:

_____ Date: _____

Parent/Guardian signature:

_____ Date: _____

SENIORS ONLY: 50+ hours of volunteer service

All hours must be earned form May 1, 2015-May 1, 2016. All documentation for hours must be turned into Mrs. Mayo in guidance by May 2, 2016.