

**Guidance Counselor** \_\_\_\_\_

**WESTFORD ACADEMY**

**COMMUNITY SERVICE**

**Verification Form**

\_\_\_\_\_ worked \_\_\_\_\_ hours of Community Service  
*Name of Student*

for the \_\_\_\_\_ on \_\_\_\_\_  
*Institution DATES*

The type of service was:

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Signed:

\_\_\_\_\_ *Title*

\_\_\_\_\_  
*Phone # for Verification*

Comments:

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*Once this form is complete with signatures, please scan or take a picture  
and upload it to your Drive on SCOIR.*

*10/9/2020*