

VOLUNTEER COMMUNITY SERVICE DOCUMENTATION FORM

This is to certify that _____ from
Student Name

GMG Secondary School, Class of _____ has performed volunteer service on the date(s) and
location(s) listed below.

Name of Organization/Non-Profit/Event: _____

Address: _____

Phone Number: _____

Date of the Event	Time In	Time Out	Total Hours Per Day

Specific Duties/Services Performed:

Supervisor Name (Please Print) _____

Supervisor Signature _____

Address (if different from above)

Date: ___/___/___

Phone Number: _____