

**ERSKINE ACADEMY
COMMUNITY SERVICE VALIDATION FORM**

Student Name*: _____ Year of Graduation: _____

- *If more than one Erskine student participates in the same activity, please list student names with their individual hours earned on the back.*

Name of Organization: _____

Total Number of Hours for dates listed below: _____

Please list specific dates and number of hours for each date:

Please write a brief description of the service:

TO BE COMPLETED BY REPRESENTATIVE OF ORGANIZATION RECEIVING SERVICE:

(Please answer to the best of your ability)

- This student was doing this as part of a court-ordered community service? Yes or No
- This student received compensation for this work? Yes or No
If yes, what was the compensation: _____
- This student is doing this for class credit or grade? Yes or No
If yes, please state name of class: _____

Signature of person completing this form (*should not be a family member*)

Printed Name & Title of person completing form

Telephone Number

<p>Return to: Sue LaGasse Renaissance Committee Erskine Academy 309 Windsor Road China, ME 04358</p>
