ERSKINE ACADEMY COMMUNITY SERVICE VALIDATION FORM

Student Name*:	Year of Graduation:
• If more than one Erskine student participates in the same activity, please individual hours earned on the back.	se list student names with their
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:	
Were funds raised as a result of this event? Yes or No If	so, what will the funds be used for?:
TO BE COMPLETED BY REPRESENTATIVE OF ORGAN (Please answer to the best of your ability)	IZATION RECEIVING SERVICE:
 This student was doing this as part of a court-ordered commun This student received compensation for this work? Yes or If yes, what was the compensation: 	•
This student is doing this for class credit or grade? Yes or If yes, please state name of class:	No
Signature of person completing this form (should not be a family member)	Return to: Betsy Benner Renaissance Committee
Printed Name & Title of person completing form	Erskine Academy, 309 Windsor Road China, ME 04358
Telephone Number	