



Established in 1954 A Ministry of the Sisters of St. Joseph of Boston

## Service Verification Form - One Time Service Experience

This form is to be used for a service experience at an agency/organization where you will only serve once for a specific event or activity.

| Student Name:  |                            |       |  |  |  |
|--|----------------------------|-------|--|--|--|
| Graduation Year:   | Current Grade:             |       |  |  |  |
| Date of Service:   | Number of Hours Performed: |       |  |  |  |
| Name of the Agency / Organization:                                   |                            |       |  |  |  |
| Describe the service activities you performed:                       |                            |       |  |  |  |
|  |                            |       |  |  |  |
|  |                            |       |  |  |  |
|  |                            |       |  |  |  |
|  |                            |       |  |  |  |
| Name of your Supervisor at the agency / organization (please print): |                            |       |  |  |  |
| Supervisor Phone Number:   |                            |       |  |  |  |
| Supervisor Email Address:  |                            |       |  |  |  |
| Supervisor Signature:  |                            | Date: |  |  |  |
| Student Signature:   |                            | Date: |  |  |  |
| Parent / Guardian Signature:   |                            | Date: |  |  |  |

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## Service Verification Form - Ongoing Service at One Agency / Organization

This form is to be used for service experiences at one agency / organization where you volunteer on a regular basis. An example of this type of service is altar serving at your church or volunteering at your local food bank every week.

| Student Name:                      |                |
|------------------------------------|----------------|
| Graduation Year:                   | Current Grade: |
| Name of the Agency / Organization: |                |

| Service<br>Date | Description of the Service | Number of Hours | Supervisor Name | Supervisor Phone # or Email Address | Supervisor Signature |
|-----------------|----------------------------|-----------------|-----------------|-------------------------------------|----------------------|
|                 |                            |                 |                 |                                     |                      |
|                 |                            |                 |                 |                                     |                      |
|                 |                            |                 |                 |                                     |                      |
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