# Verification Of Community Service
# (Florida Bright Futures Program)

**Student Number** _____
**Student Name** _____ **Social Security Number** _____
**Date** _____ **School Name** _____ **Grade** _____

| Date of Service | Total # Hours | Type of Volunteer Work (activity or task performed) | Site of Volunteer Work | Name of Verifier | Verifier's signature | Verifying Phone Number |
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