Verification of Community Service
(Florida Bright Futures Program)

Student Name _____ **Student Number** _____

School Name _____ **Grade** _____

(PLEASE PRINT CLEARLY)

Site of Volunteer Work/Organization	Type of Volunteer Work (Activity or task performed)	Date of Service (MM/DD/YY)	Total # Hours	Name of Verifier	Verifying Phone Number	Verifier's Signature

(PLEASE TURN IN AT THE END OF EACH QUARTER)