



Community Service Validation Form

Student Name: _____

School: _____

Proposed Community Service Project:

Must be a minimum of 4 hours total.

_____ Approved _____ Not Approved _____ Need more info

CTAE Teacher/WBL
Coordinator's Signature _____

This is to certify that _____ completed _____ hours of
community service for _____ on _____.
(Name of Organization) (Date)

Description of services completed:

Charity Representative Signature

Title

Student Signature

Date

PLEASE SUBMIT VALIDATION FORM TO WBL COORDINATOR