

Wesley School Community Service Hours

Student Name _____ Wesley Advisor: _____

Date(s) of community service _____

Location _____

Description of Service _____

I, _____ verify that the above student performed _____ hours of community service.

Supervisor's Signature _____

Office Signature: _____

Please return this signed and dated form to the front office. It will be given to your mentor once hours have been documented.

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