



Harding Academy Community Service Hours Verification Form

Student Name: _____

Date of experience: _____

Number of service hours completed: _____

Name of Agency/Organization: _____

Briefly describe the service activities performed: _____

Name of agency representative (please print): _____

Agency representative signature: _____

Parent/Guardian signature: _____

Student signature: _____

Middle School House: _____

- Service activities must be performed without financial or other compensation.
- All Harding Academy's behavior expectations and policies are in effect while a student is serving at the community agency site.
- Upon completion of service hours, submit this completed form in your house folder.

