

Health Sciences and Technology Academy



HSTA STUDENT COMMUNITY SERVICE VERIFICATION SHEET

Student Name: _____

Sponsoring Organization/Facility: _____

Address: _____

Phone: _____

Description of Activity: _____

Dates: _____

Total Hours of Service: _____

I verify the above statements are true.

Supervisor Signature: _____

Organization: _____

Title: _____

Supervisor Comments: _____

Questions or Comments? Please contact:
Your Regional Field Site Coordinator