THE GW COMMUNITY SCHOOL
9001 Braddock Road • Springfield • Virginia 22151

COMMUNITY SERVICE
VERIFICATION OF HOURS COMPLETED

Student Name: _____

Name of Organization: _____

Date(s) _____

Hours _____

Description of tasks performed: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature / Title of Official at Organization *Date*

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