

**Washington Waldorf School**  
**4800 Sangamore Road, Bethesda, MD 20816**  
**COMMUNITY SERVICE VERIFICATION FORM**

*Washington Waldorf School high school students are required to perform a minimum number of community service hours annually, and to provide documentation on either this form or the organization's letterhead. Thank you for documenting the student's service for this purpose.*

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

**ORGANIZATION INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

**SERVICE VERIFICATION**

Description of Service: \_\_\_\_\_

Date(s) & Time Worked

| Date | Hours Worked | Date | Hours Worked |
|------|--------------|------|--------------|
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |

Please round to 15 minutes / report no smaller than 15-minute increments

Total time reported on this form: \_\_\_\_\_

*I certify that the student named above performed this service for the organization identified above, of which I am an authorized representative / agent. The organization is certified 501(c)(3) by the IRS. To the best of my knowledge, the student was not paid in any form, is not receiving academic credit, and is not performing the service to satisfy a membership requirement (if s/he is a member of the organization).*

\_\_\_\_\_/\_\_\_\_\_  
Signature of Organization Representative / Date

\_\_\_\_\_/\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_/\_\_\_\_\_  
Phone Number / Email

*Student: Return to WWS Registrar, Steve Smith, [ssmith@washingtonwaldorf.org](mailto:ssmith@washingtonwaldorf.org)  
4800 Sangamore Road, Bethesda, MD 20816*