

Verification of Community Service Laguna Middle School

11050 Los Osos Valley Road
San Luis Obispo, California 93405
Phone: (805) 596-4055 Ext. 5119 Fax: (805) 544-2449

Date: _____

To: **Mila Vujovich-La Barre**
Community Service Facilitator
Laguna Middle School – Room G14
Phone: (805) 596-4055 Ext. 5119 Fax: (805) 544-2449

From:
(Name of person) _____
(Name of non-profit Agency) _____
(Address): _____

I, _____, acknowledge that _____
(Name of supervisor) (Name of student)

has completed _____ hours of community service at _____
(location)

on _____ from _____
(date/s) (time)

The student's duties included

_____.

Signed, _____
(Name/Position)

(Work phone)