

Roosevelt High School Early College Studies  
631 Tuckahoe Road  
Yonkers, New York

**VERIFICATION OF VOLUNTEER COMMUNITY SERVICE  
APPLICATION FOR CREDIT**

**This form is to be completed and returned by mail to the above address  
by the agency contact person to \_\_\_\_\_  
in the Guidance Office.**

**Name of Student** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Address of Agency** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No. of Agency** \_\_\_\_\_

**The service consisted of the following:**

**Dates of Service: From** \_\_\_\_\_ **to** \_\_\_\_\_

**Total days in actual attendance in which service was provided:** \_\_\_\_\_

**Number hours of service: per day** \_\_\_\_\_ **per week** \_\_\_\_\_

**Total number of hours of service provided:** \_\_\_\_\_

**Description of service provided:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**School Counselor**

914-376-8118

\_\_\_\_\_  
**Contact Person/Title**

\_\_\_\_\_  
**Signature of Contact Person**

\_\_\_\_\_  
**Date**