Verification of Community Service
(Florida Bright Futures Program)

Please Print – Submit Original only (no photo copies)

Student Name: _____ **Student Number:** _____ **Grade:** _____

School Name: _____ **Date:** _____

Date of Service MM/DD/YYYY	Total # Hours	Site of Volunteer Work	Type of Volunteer Work (activity or task performed)	Name of Verifier	Verifier's signature	Verifying Phone #