



Office of Community Service/Service Learning

Organization/Team Verification Form

Organization/Team: _____

Advisor/Sponsor/Coach: _____

Agency/ Company Name: _____

Site Address: _____

Site Phone Number: _____ Hours Completed _____

Name	ID Number	Classification	Signature

I, _____, the above student’s site supervisor, do certify that the above mentioned organization/team completed the above listed hours.

Site Supervisor Name _____

Site Supervisor Signature _____

Date _____ Advisor/Sponsor/Coach Signature _____

Jarvis Christian College
PR 7631 US Hwy 80 East
Hawkins, Texas 75765
903-730-4890