

GIRLS' FRIENDLY SOCIETY (GFS)

Parish Name \_\_\_\_\_  
Parish Address \_\_\_\_\_  
Parish Address \_\_\_\_\_



COMMUNITY SERVICE VERIFICATION FORM

Name of participant \_\_\_\_\_ Grade \_\_\_\_\_

Service Activity \_\_\_\_\_

Purpose of activity \_\_\_\_\_

Date \_\_\_\_\_ Hours \_\_\_\_\_

Brief Description of Activity

\_\_\_\_\_

The above student has completed the activity described below

\_\_\_\_\_  
(Print name of supervisor) (Signature) (Date)

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Parish Address \_\_\_\_\_  
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Brief Description of Activity

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