



Neighborhood/ Community Service Verification Form

Organization: _____

Address: _____

City, State, Zip: _____

Primary Number: _____ Fax Number: _____

Email: _____

Organization Representative: _____

Print Name

Signature

Date

MPLOY Participant: _____ MPLOY Group: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Number: _____

Email: _____

Date of Service Project: _____ Hours Completed: _____

Describe Neighborhood/ Community Service Project (*activities completed and results achieved*):

***Please return this form completed to your Youth Specialist within one week of the service project*.**