



Senior Service Hours Verification

Student Name _____

Student Phone Number _____

Organization Name & Address

Organization Contact Person _____

Organization Contact Phone _____

Dates and Hours student worked _____

Brief description of volunteer service performed _____

Did the student meet your standards? Yes _____ No _____

Signature of Contact Person _____

(Signature not required if submitted electronically from
Organization's published email or Contact's email address)

Submit to: seniorservicehours@springlakeschools.org

Or

Spring Lake High School
Senior Service Hours
16140 148th
Spring Lake, MI 49456
616-846-5501