



Student Community Service Credit Form

This is to certify that _____,
Name of Student

a student at _____,
Name of School

volunteered for _____,
Name of SOLV Program

at the following location: _____
Project Location

on the following date(s):

Date of SOLV Event or Project

Date of SOLV Event or Project

Date of SOLV Event or Project

This participation should be considered to be the equivalent of a total of

_____ hours of community service credit.
Of Hours

Signed,

Project Coordinator

() _____
Project Coordinator Phone Number

Date