

Directions: All sections
must be complete and
uploaded to the Mobile app
or at Servicekarma.com

Irvington High School
A California Distinguished School &
A National Service-Learning Leader

SERVICE LEARNING VERIFICATION FORM

Name: _____

Student ID #: _____

Date(s)	Non-Profit Organization	Total Hours	Verification
			Supervisor's Name: Contact (Phone/Email): Supervisor's Signature:
			Supervisor's Name: Contact (Phone/Email): Supervisor's Signature:
			Supervisor's Name: Contact (Phone/Email): Supervisor's Signature:
			Supervisor's Name: Contact (Phone/Email): Supervisor's Signature: