

LIBERTY HIGH SCHOOL INTERACT SERVICE CLUB VERIFICATION SHEET

Name: _____ Student ID: _____ Grad Yr: _____

Service Site/Event: _____

Site Contact Name: _____ Contact Phone: _____

Site Contact Signature: _____ Date: _____

Date(s) of Service: _____ Total Hours of Service: _____

Check one of the following types of service:

Service in the community Service for an OLHS Interact Service Club event

Ohio Reads/Big Brothers/Sisters Service during the school day

Service for another organization – organization name: _____

Briefly describe your service duties and what you learned from this service experience.

Signing below acknowledges that you have entered these hours online.

Student signature: _____

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