



**Community High School District 117  
Cum Laude Volunteerism Verification Form**



**Name:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Location of Volunteerism:** \_\_\_\_\_

**Number of Hours Volunteered:** \_\_\_\_\_

**Date(s) of Volunteerism:** \_\_\_\_\_

**Description of Tasks Performed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone Number of Supervisor:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

ACHS Students – Please turn in to Ms. Haren, Assistant Principal, in the main office.

LCHS Students – Please return to the Student Services Office.



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