CHCP Community Service Verification Form

Submit the form to CHCPPVSA@gmail.com

Student Name:	School	School Name and City:				
Birthdate:	Grade level:					
Email:						
Address:	Phone:					
Volunteering Period:	Total Hours*:	CHCP Hours:	_ Other Related:			
Award level:	_ US Citizen: Y / N	Permanent Resident (year):				
Please list dates in sequential order.						

• Please list service for the same organization together

*Total hours must be all CHCP or 70% CHCP service hours.

Date of services	Place of service/ Name of Org.	Description of services	# of hours	Contact name	Phone number	Email address	Supervisor Signature

Date of services	Place of service	Description of services	# of hours	Contact name	Phone number	Email address	Supervisor Signature
Sel vices			Tiours		number		

Date of services	Place of service	Description of services	# of hours	Contact name	Phone number	Email address	Supervisor Signatur
I		(student name) hereb	y certify t	hat the above info	rmation is true	and correct.	
Student Name: Studen		nt Signatu	: Signature:			Date	
I		(parent name) hereby	certify th	at the above infor	mation is true	and correct.	
Parent Name:		Parent S	Signature:		Date		

Please email completed form to A. Chan <u>a.chan@chcp.org</u>; CC to <u>brenda.wong@chcp.org</u> 408-946-4015