

*Williams High School
Home of the Yellowjackets
Dr. Ramon Cusi, Principal
P.O. Box 7
Williams, CA 95987
530-473-5369 fax: 530-473-5026*

Williams High School
Community Service Completion

Verification Form

I, _____, have completed
(Student Name)
_____ hours of Williams High School Community Service for the
following community group or eligible individuals;

(Name/Business Name/Group/Organization)

This community service was completed during my senior year under the
direction of _____ () _____
(Supervisor Name) Phone Number

on this date(s) _____

The signatures below verify the integrity of the project and service hours are
complete.

Signature of Supervisor _____

Signature of Student _____

Signature of Principal _____