



## Community Service Verification

This letter confirms that \_\_\_\_\_ (Student's Name) volunteered time at the following ACAN projects.

| Project Name | Description of Work | Date of Service | Service Hours |
|--------------|---------------------|-----------------|---------------|
|              |                     |                 |               |
|              |                     |                 |               |
|              |                     |                 |               |
|              |                     |                 |               |
|              |                     |                 |               |
| <b>Total</b> |                     |                 |               |

ACAN Community Service Activities must meet the following requirements:

- You must not be paid for your service.
- You cannot work for a family member.
- The activity must promote positive change in the community.

If you need further information, please feel free to contact me.

**ACAN Supervisor Name and Email:**

\_\_\_\_\_

**ACAN Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_