



Verification of Community Service Hours for the Music Student's Service League of Contra Costa for the 12 month period June through May.

Student Name: _____

Date of Volunteer Service: From _____ to _____

Number of Volunteer Hours Completed: _____

Describe Volunteer Work Performed: _____

Print Name of Verifying Supervisor: _____

Signature: _____

Date: _____

Any Questions or Concerns? Contact us at msslmusic@gmail.com