



UNITED INDEPENDENT SCHOOL DISTRICT

Student Community Service Volunteer Form

NAME OF STUDENT: _____

ID#: _____ GRADE: _____ SCHOOL YEAR: _____

TO WHOM IT MAY CONCERN:

This is to verify that _____, a student at
_____, in the _____ grade has completed
_____ hours of Community Service.

NAME OF BUSINESS OR ORGANIZATION: _____

DATE(S) OF SERVICE: FROM _____ TO _____

LOCATION OF SERVICE: _____

Sponsor's/Supervisor's Signature

Title of Position

Telephone Number

Student's Signature

Parent's Signature

**United South Middle School
Mr. Carlos Valdez, Principal
3707 Ave Los Presidentes Laredo, Texas 78046
Phone: (956)473-7700 Fax: (956)473-5999**

It is the policy of United ISD not to discriminate on the basis of race, color, national origin, sex, handicap in its programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended