

# Health Sciences and Technology Academy



## HSTA STUDENT COMMUNITY SERVICE VERIFICATION SHEET

Student Name: \_\_\_\_\_

Sponsoring Organization/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

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Dates: \_\_\_\_\_

Total Hours of Service: \_\_\_\_\_

*I verify the above statements are true.*

Supervisor Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

**Supervisor Comments:** \_\_\_\_\_

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Questions or Comments? Please contact:  
Your Regional Field Site Coordinator or Claire Bragonje, Program Manager  
(800) 345-4267