RAIDERS IN ACTION

Community Service Verification Form

Please complete all areas for each volunteer opportunity being submitted, hours are in 15 min increments, and type or use blue or black ink.
Forms need to be turned in electronically at https://bit.ly/CRHSRIA. Any illegible/incomplete submissions may be requested to be resubmitted.
For more details or to find volunteer opportunities visit: https://bit.ly/CRHSRIA23
Please keep a copy for your records. / Email: raidersinaction@cedarridgeptsa.org

* **Seniors** must turn in all hours by *April 1* of their senior year to qualify for a community service graduation cord.

Student's Name:		ID #: S_____	Graduation Year: 202___

Did you or your club receive a monetary donation because of your service?   **Circle One:** Yes   No

Parent's Name:
Phone:(   )   -   Email:

Date of service: / / 20___	Hours of service:	How did the service help others:	
Organization/Non-Profit sponsoring the activity:		Activity/Event:	
Sponsor printed name:		Sponsor signature:	Sponsor's email:

Date of service: / / 20___	Hours of service:	How did the service help others:	
Organization/Non-Profit sponsoring the activity:		Activity/Event:	
Sponsor printed name:		Sponsor signature:	Sponsor's email:

Date of service: / / 20___	Hours of service:	How did the service help others:	
Organization/Non-Profit sponsoring the activity:		Activity/Event:	
Sponsor printed name:		Sponsor signature:	Sponsor's email:

Date of service: / / 20___	Hours of service:	How did the service help others:	
Organization/Non-Profit sponsoring the activity:		Activity/Event:	
Sponsor printed name:		Sponsor signature:	Sponsor's email:

Date of service: / / 20___	Hours of service:	How did the service help others:	
Organization/Non-Profit sponsoring the activity:		Activity/Event:	
Sponsor printed name:		Sponsor signature:	Sponsor's email:

FOR CRHS PTSA USE ONLY

Date Entered: ____/_____/____   Total Hours: _____   By (initials): _____

Notes:

Updated: 05/01/2023