

Ka Ulukoa – Community Service Verification



Team _____ Service Date _____ Total Hours _____

Description of Community Service Performed: _____

Supervisor's Name: _____ Supervisor's Title: _____

Contact Number: _____

Name of Community Service Organization: _____

Address: _____

Phone: _____

I certify that _____ has performed the community service described above.
Student-Athlete Name

Supervisor's Signature

Date