



# Community Service Verification Form

**Nonprofit Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Office Phone** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Volunteer** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Community Service** \_\_\_\_\_

**Hours Completed** \_\_\_\_\_

\_\_\_\_\_  
**Agency Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer**

\_\_\_\_\_  
**Date**

**Community Service Activities:**

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Fax (336) 887-7237 or mail the completed form to:  
Housing Authority of the City of High Point, P.O. Box 1779, 500 E. Russell Ave., High Point, NC 27261-1779.