



**Community High School District 117
Cum Laude Volunteerism Verification Form**



Name: _____

Year of Graduation: _____

Location of Volunteerism: _____

Number of Hours Volunteered: _____

Date(s) of Volunteerism: _____

Description of Tasks Performed: _____

Phone Number of Supervisor: _____

Signature of Supervisor: _____

Student Signature: _____

ACHS Students – Please turn in to Ms. Haren, Assistant Principal, in the main office.

LCHS Students – Please return to the Student Services Office.



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