

Omaha Junior Lancer High School Hockey  
COMMUNITY SERVICE VERIFICATION FORM

Direction about how to complete this form and how to have community service hours recognized are included on the reverse side of this form.

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

Name of Agency/Team \_\_\_\_\_ Agency/Team Phone Number \_\_\_\_\_

Agency/Team Address \_\_\_\_\_

Name of Site Manager/Coach \_\_\_\_\_

Dates and hours served (please include month, day and year)

Date	Activity	Hours	Date	Activity	Hours

Total hours served at this agency/Team: \_\_\_\_\_ Starting date of service at this agency/Team: \_\_\_\_\_ Ending date: \_\_\_\_\_

Signature of Site Manager/Coach \_\_\_\_\_

(See reverse for more details and instructions)



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**Directions for completing this form:**

1. Please print neatly.
2. Use one form per agency/team event. You may copy this form.
3. Please fill in the entire form. When recording dates, please include month, day, and year.
4. Once you have completed your hours, turn all forms into Coach Hughes. He can be reached at (402) 714-1986 if you have questions.

**The following volunteer projects are eligible community service/team recognition:**

- Volunteering with an assigned Omaha Hockey Club Hockey Team or any other Omaha Hockey Club sanctioned event.
- Volunteering as assigned to a community organization (example; Food Bank, Toy Drives etc.)

