

**ONE TIME EVENT  
INCLINE HIGH SCHOOL  
HABIT FOR SERVICE  
VOLUNTEER VERIFICATION SHEET**

**STUDENT TO COMPLETE**

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Non-Profit: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date of Service: \_\_\_\_\_

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**NON-PROFIT TO COMPLETE**

Supervisor's Signature: \_\_\_\_\_

Type of Work Completed: \_\_\_\_\_

\_\_\_\_\_

Performance Comments: \_\_\_\_\_

Volunteer Hours: \_\_\_\_\_

Thank you for considering Incline High School students!

Incline High School Contact: Ms. Gebhardt  
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