

**Covenant School of Nursing  
Community Service Verification Form  
Instructional Module 5**

This is to verify that \_\_\_\_\_ has completed  
community service hours as part of the IM5 course requirement.

Date: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

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

Contact Information (phone or e-mail): \_\_\_\_\_

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

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\*4.0 Volunteer hours are required, due by **Thursday of Week 7 at 1200**