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:_____
_____
_____
_____

*4.0 Volunteer hours are required, due by **Thursday of Week 7 at 0830**