



Simpson County Academy
MAIS Honor Society 2024-2025



Community Service/Volunteer Hours

Verification of Community Service/Volunteer Hours for

Student Name

Date: _____

Organization: _____

Description of Service: _____

Total Number of Hours: _____

Contact Person/Phone Number: _____

Name of Volunteer Supervisor: _____

Signature of Volunteer Supervisor: _____

Signature of Student: _____