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Independent Baptist Academy

Community Service Verification Form

To Be Completed by the Student/Supervisor

Full Name: _____ DOB: ____ / ____ / ____
Last First M.I.

Community Service Provided: _____

Organization: _____ Supervisor: _____

Hours Completed: From: _____ To: _____ Date: _____

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Phone: _____ Supervisor Email: _____

Office Use Only

Date form was received: _____

☐ Hours Approved

☐ Denied – Due to _____

Office Signature: _____ Date: _____