



**Marine Academy of Technology
& Environmental Science**

195 Cedar Bridge Road
Manahawkin, NJ 08050
609.978.8439 fax 609.978.8540

Community Service Verification

To be completed by student:

Student Name: _____

Activity: _____

Date: _____

Location: _____

Purpose: _____

This student has participated in the above named activity with my knowledge and approval.

Name of student's parent/guardian

This student has volunteered _____ hours to the activity. I am aware that one of the objectives of the Marine Academy of Technology and Environmental Science is to encourage its students to participate in community service and that it shall rely on this certification to document the student's efforts to achieve that objective.

Name of Activity Representative: _____

Activity Rep. Phone Number: _____

Activity Rep. Email: _____

Please save a copy for your files and email to EGallicchio@mail.ocvts.org
in order for your hours to be credited by the school.