Victor Valley College Paramedic Community Service Form

Student Name: _____

Academy/Cohort #: _____

Date: _____

Hours Completed: _____

Description of Community Service Activity:

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Verification:

To be completed by the individual who oversaw the student's community service activity.

Signature: _____ Phone Number: _____

Name (Print): _____ Title: _____

Date: _____

Comments:

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