



Community Service Verification Form

This verifies that _____
(CTO Youth Name)

completed _____ hours as a volunteer at _____

Date: _____

Times: _____

Location: _____

Job Function: _____

Supervisor at Volunteer Site

Phone number

Supervisor Email address

Parent/Guardian

CTO TX Chapter

Please return completed form to your local outfitter or mail to:
CTO Texas
PO Box 1165
Helotes, TX 78023

If you have questions, contact Kim Potts at 210-380-7125.