



COMMUNITY SERVICE VERIFICATION FORM



Please use a separate verification form for each community service site.
All community service must be unpaid and volunteer work.

Student Name: _____ Homeroom: _____

Telephone: _____ YOG: _____

DESCRIPTION OF COMMUNITY SERVICE ACTIVITY

Name of Organization: _____ Telephone: _____

Name of Supervisor: _____ Position: _____

Description of Community Service Work: _____

COMMUNITY SERVICE SITE APPROVAL - Must Be Signed BEFORE the Community Service Activity:

Dean of Students Approval: _____ Date: _____

Parent/Guardian Permission: I, the parent/guardian of the above-named student, give my permission for my son/daughter to participate in the community service activity described above.

Parent/Guardian Signature: _____ Date: _____

Dates When the Above-Described Community Service Took Place and Verification Signatures:

Date: _____	Time: _____	#of Hours: _____	Supervisor's Signature and Position: _____	Phone Number
_____	_____	_____	Supervisor's Signature and Position: _____	_____
_____	_____	_____	Supervisor's Signature and Position: _____	_____
_____	_____	_____	Supervisor's Signature and Position: _____	_____
_____	_____	_____	Supervisor's Signature and Position: _____	_____
_____	_____	_____	Supervisor's Signature and Position: _____	_____
_____	_____	_____	Supervisor's Signature and Position: _____	_____

TOTAL # OF HOURS: _____

COMMUNITY SERVICE VERIFICATION OF ABOVE HOURS - Must Be Signed AFTER the Community Service Activity:

Parent/Guardian Verification: I, the parent/guardian of the above-named student, performed the described community service at the times listed above.

Parent/Guardian Signature: _____ Date: _____

Guidance Counselor Verification: _____ Date: _____

BEFORE AFTER



COMMUNITY SERVICE REFLECTION ESSAY

Please fill this form out after your community service experience



Explain the purpose (mission statement) of the organization you served:

How did (or will) your work benefit the community?

Reflect on how you felt about your service and yourself:

Print Name: _____ Homeroom: _____

Your Signature: _____ Date Submitted: _____

Student must have TWO copies of this form.
Return one to your guidance counselor and keep one for your records.