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 Approval: 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. Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

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

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th># of Hours</th>
<th>Supervisor's Signature and Position</th>
<th>Phone Number</th>
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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. Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

Guidance Counselor Verification: ___________________________ Date: ___________________________
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.