

COMMUNITY SERVICE VERIFICATION FORM

Please use a separate verification form for each community service site.

All community service must be unpaid and volunteer work.



DESCRIPTION OF COMMUNITY SERVICE ACTIVITY Name of Organization:				Homeroom:				
Name of Supervisor:		:		YOG:				
Description of Community Service Work: COMMUNITY SERVICE SITE APPROVAL - Must Be Signed BEFORE the Community Service Activity: Dean of Students Approval: 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: Date: Date: Date: Date: Time: #of Hours: and Position: Supervisor's Signature Date: Time: #of Hours: and Position: Supervisor's Signature Date: Time: #of Hours: and Position: Supervisor's Signature Date: Time: #of Hours: and Position: Supervisor's Signature Date: Time: #of Hours: and Position: Supervisor's Signature Date: Time: #of Hours: and Position: Supervisor's Signature	DESCRIP	TION OF C	OMMUNITY SE	ERVICE ACTIVITY				
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COMMUNITY SERVICE REFLECTION ESSAY



Please fill this form out after your community service experience

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w did (or will) your wo	ork benefit the con	nmunity?		 	
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Return one to your guidance counselor and keep one for your records.