Community Service Verification Form 2018-2019

Student Name _____ Grade: _____
(Print Name)

****FOR DEANS USE ONLY****

Total Hours Reported:_____

Organization and/or Project Served: _____

Location: _____

Service:

Date	Hours	Initials		Date	Hours	Initials

This form can be used for multiple dates as long as it is from the same organization & supervisor. It should be turned in as soon as possible following completion of your service.

As Supervisor of this project, I verify that the above information is correct.

_____ _____
(Print Name of Supervisor) *(Telephone Number & Email)*

_____
(Supervisor Signature)

A valid form must include service month/day/year, hours worked, supervisor initials and supervisor name/signature and contact info. ***In lieu of a signature you may attach verification of service letter or certificate on organization letterhead.***

STUDENT REFLECTION: *Please provide us with a short narrative description of your service, including what you gained from the experience, if and how it provided you with a* ***learning service experience****, and* ***how your service affected others****. Use the back of this form for the rest of your narrative if necessary. (NOTE: Your form is not complete without this narrative, Thank you.)*