

PLACENTIA -- YORBA LINDA UNIFIED SCHOOL DISTRICT
COMMUNITY SERVICE VERIFICATION

Student's Name: _____ Grade: _____

Name of Organization: _____

Summarize the goals and purposes of the organization:

Name of Activity: _____ Date(s) of Activity: _____ ***

Describe the activities or tasks of service that you performed:

Relate what the experience meant to you:

Student's Signature

Date

----- portion below filled out by agency -----

Name of Organization

MUST BE A NON-PROFIT ORGANIZATION

Non-Profit Tax ID #

Name of Supervisor (please print)

Title of Supervisor

Address

Telephone Number
(attach business card if available)

E-mail/Website

In your opinion, did the student:

- _____ Experience meaningful ways to care for and share community spirit with those who have special needs.
- _____ Bridge varied ethnic, socio-economic, and generational backgrounds.
- _____ Develop life skills that apply to personal life, professional life, and possibly a future career.
- _____ Gain valuable experiences and exposure to a wide variety of career choices.
- _____ Sharpen and apply their skills in leadership, planning, implementing and evaluation.
- _____ Develop a sense of control over their environment.
- _____ Work collaboratively with members of the community.

Total # of Hours Served
(Please show like this: 10-ten)

Signature of Supervisor

Date

*****STUDENTS MUST SUBMIT THIS COMPLETED FORM WITHIN 30 DAYS OF THE ACTIVITY TO THE COMMUNITY SERVICES COORDINATOR. STUDENTS SHOULD KEEP A COPY FOR THEIR RECORDS. COMMUNITY SERVICE HOURS CANNOT BE COMPLETED DURING THE STUDENT'S ACADEMIC DAY. VERIFICATION FORMS WHICH HAVE BEEN FALSIFIED IN ANY WAY WILL RESULT IN SCHOOL SUSPENSION AND MAY ALSO INCLUDE SCHOOL TRANSFER AND THE LOSS OF GRADUATION PRIVILEGES.