

AGBU Vatche and Tamar Manoukian Community Service VERIFICATION FORM



COMPLETE BOXES 1 AND 2 AND SUBMIT TO THE DEAN OF STUDENTS WITHIN 30 DAYS OF SERVICE.

BOX 1-- FOR STUDENT AND PARENT/GUARDIAN USE ONLY:

Student Name: _____ Grade: _____ Advisor: _____
(Print) (Print)

Describe the nature of the community service -- what did you do? Where was it done? Etc.?

We, the student and parent/guardian, verify that all information and signatures on this form are accurate and authentic. We understand that this form is subject to review and authentication at any time by AGBU MHS. We confirm that this student's service meets all the AGBU MHS guidelines for community service explained in the High School Handbook. We understand that failure to meet these guidelines may result in a denial of community service credit. We understand that any discrepancies on this form and/or the failure of the organization to independently verify this information at any time may result in a denial of community service credit. We understand that falsification of any part of this form may result in disciplinary action.

X _____ Date: _____
STUDENT SIGNATURE

X _____ Date: _____
PARENT/GUARDIAN SIGNATURE

BOX 2 -- FOR COMMUNITY ORGANIZATION USE ONLY:

Title of Organization: _____

Organizational Supervisor: _____ Phone Number: _____
(Print)

Supervisor's Title/Role: _____ Date(s) of Service: _____

of HOURS SERVED

I, the supervisor, verify that said student satisfactorily served for the time I have marked in the left box, and that all information on this form are accurate and authentic. I understand that this form is subject to review and authentication at any time by AGBU MHS. I agree to authenticate any data and information related to this student's service at any time. I understand that any attempts to falsify information, willingly deceive AGBU MHS, and/or failure to authenticate information at any time regarding this student's service may result in a termination of relationship between AGBU MHS and my organization and such actions may be reported to my organization and independent reviewers.

X _____ Date: _____
ORGANIZATIONAL SUPERVISOR SIGNATURE

FOR COMMUNITY SERVICE DIRECTOR USE ONLY:

Date Reviewed: _____ Approved: Denied: Questioned:

Notes: _____ Signature: _____