



COMMUNITY SERVICE
VERIFICATION FORM

ALL COMMUNITY SERVICE MUST BE UNPAID AND VOLUNTERR WORK

Student Name: _____

Student Grade: _____

Guidance Counselor: _____

To be completed BEFORE the performance of the community service activity:

Parent Permission: I, the parent of the above-named student, give my permission for my son/daughter to participate in the community service activity described below.

Parent Signature: _____

Date: _____

Description of Community Service Activity:

Name of the organization: _____

Description of Community Service Work: _____

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

Date: _____ Time: _____ # of Hours: _____ and Position: _____ Supervisor's Signature _____ Phone Number: _____

Date: _____ Time: _____ # of Hours: _____ and Position: _____ Supervisor's Signature _____ Phone Number: _____

Date: _____ Time: _____ # of Hours: _____ and Position: _____ Supervisor's Signature _____ Phone Number: _____

TOTAL # OF HOURS: _____

To be completed AFTER completion of the community service activity:

Parent Validation: I, the parent of the above-named student certify that my son/daughter performed the described community service at the times listed above.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

NO grades can be given for service

NO pay may be received for service

NO family members may be the recipients or supervisors of the service

NO credit for service will be given for work with a profit-making organization

NO credit will be given for service during a student's regular school hours

NO credit will be given for extracurricular activities or for student aide activities

NO credit for service will be recorded without a parent or guardian's signature for permission or approval

NO credit for service will be given for court-required or other punitive service

