

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

COMMUNITY SERVICE VERIFICATION

Student's Name _____ Grade _____

Name of Organization: _____

Summarize the goals, purposes, and activities 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

Non-Profit Organization? [] yes [] no

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 of Service
(Please show like this: 10-ten)

Signature of Supervisor

Date

STUDENTS MUST SUBMIT THIS COMPLETED FORM WITH 30 DAYS TO THE COMMUNITY SERVICES COORDINATOR. STUDENTS SHOULD KEEP THE YELLOW COPY FOR THEIR RECORDS. COMMUNITY SERVICE DOCUMENTS WHICH HAVE BEEN FALSIFIED IN ANY WAY WILL RESULT IN SCHOOL SUSPENSION AND MAY ALSO INCLUDE THE LOSS OF GRADUATION PRIVILEGE OR SCHOOL TRANSFER.