

**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**  
=====

**MUST BE NON-PROFIT ORGANIZATION**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Non-Profit Tax ID#

\_\_\_\_\_  
Name of Supervisor (please print)

\_\_\_\_\_  
Title of Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail/Website

**(attach business card if available)**

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 WITHIN 30 DAYS OF THE ACTIVITY 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.**