

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT
COMMUNITY SERVICE VERIFICATION**

Student's Name _____ Grade _____
(Please print, last name first)

Organizational Name _____

Name of Activity _____ Date(s) of Activity _____

Summarize the goals, purposes, and activities of the organization:

Describe the activities or tasks of service that you performed:

Relate what the experience meant to you:

Student's signature

Date

===== portion below to filled out by agency =====

Organization Non Profit Organization? Y or N _____
Non Profit ID # _____

Supervisor (please print) _____
Title of Supervisor _____

Address _____
Telephone Number _____
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 member of the community.

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

Signature of Supervisor

Date

Please attach business card if available.

STUDENTS MUST SUBMIT THIS COMPLETED FORM WITHIN 30 DAYS TO THE COMMUNITY SERVICES COORDINATOR. STUDENTS SHOULD KEEP A 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.