



**COMMUNITY SERVICE
VERIFICATION FORM**

All Community Service Must Be Unpaid and Volunteer Work

Students Name: _____ Perm ID #: _____ Grade: _____

School Name: _____ Soc. Sci./Advisory Teacher: _____

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

Description of Community Service Activity:

Name of Organization: _____

Description of Community Service Work: _____

Soc. Sci./Advisory Teacher Pre-Approval : _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____

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

Date: _____ Time: _____ #of Hours: _____ and Position: _____
 Supervisor's Signature _____ Phone No. _____

Date: _____ Time: _____ #of Hours: _____ and Position: _____
 Supervisor's Signature _____ Phone No. _____

Date: _____ Time: _____ #of Hours: _____ and Position: _____
 Supervisor's Signature _____ Phone No. _____

TOTAL NUMBER OF HOURS: _____

Examples of Possible Community Service Activities:

- * Assisting at Boys or Girls Clubs
- * Tutoring after school at an Elementary School
- * Helping at a hospital, convalescent home
- * Helping with a community team such as AYSO soccer or Little League (helping with sporting events of younger children, referring, etc.)
- * Helping at a Key Club or community event
- * Working with the Habitat for Humanity
- * Helping remove graffiti - off campus
- * Working with community theater
- * Helping at a non-profit organization such as St. Vincent de Paul, Salvation Army, etc.
- * Helping the community through church related activities

To qualify, the organization must meet the TTUSD community service regulations. Student must complete the reverse side of this form after completing the community service activity.

NO grades can be given for service; neither lowered, raised, nor as extra credit.

NO pay may be received for service.

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

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

NO credit will be given for extracurricular (co-curricular) activities or for student aide activities.

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

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

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

Explain the purpose (mission statement) of the organization you served:

How did (or will) your work benefit the community?

Reflect on how you felt about your service and yourself:

Student Signature: _____ Date: _____

To be signed AFTER completion of the community service activity:

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

Parent/Guardian Signature: _____ Date: _____

Social Science Teacher's signature as Verification that the hours are accepted and submitted:

Teacher's Signature: _____ Date: _____

Student must have two copies of this form (teacher gives one to counseling office and student keeps one for personal records).