



# COMMUNITY SERVICE VERIFICATION FORM

## All Community Service Must Be Unpaid and Volunteer Work

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

School Name: \_\_\_\_\_ Social Science 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: \_\_\_\_\_

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

**TOTAL # OF HOURS:** \_\_\_\_\_

#### Examples of Possible Community Service Activities:

- |  |   |
|--|---|
| <input type="checkbox"/> Assisting at Boys or Girls Clubs  | <input type="checkbox"/> Working with the Habitat for Humanity  |
| <input type="checkbox"/> Tutoring after school at an elementary school   | <input type="checkbox"/> Helping remove graffiti—off campus   |
| <input type="checkbox"/> Helping at a hospital, convalescent home, or orphanage  | <input type="checkbox"/> Working with community theater   |
| <input type="checkbox"/> Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.) | <input type="checkbox"/> Helping at a non-profit organization such as St. Vincent de Paul, Salvation Army, etc. |
| <input type="checkbox"/> Helping at a Key Club or community event  | <input type="checkbox"/> Giving blood (2 hours of credit each time blood is given)                              |
| <input type="checkbox"/> Helping the community through church-related activities   |   |

**Additional suggestions and organizations are available at [volunteersandiego.com](http://volunteersandiego.com).**

**To qualify, the organization must meet the Sweetwater District community service regulations.**

**Student must complete the reverse side of this form after completing the community service activity.**

*Sweetwater Union High School District programs and activities shall be free from discrimination based on gender, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation or the perception of one or more of such characteristics. SUHSD Board Policy 0410.*

**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 a parent or  
guardian's signature  
for permission and  
of 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:

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

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Reflect on how you felt about your service and yourself:

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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 to Chancery:**

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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