



COMMUNITY SERVICE VERIFICATION FORM
All Community Service Must Be Unpaid and Volunteer Work

Student Name: _____ Date: _____

School Name and Address: _____

Description of Community Service:

Name of Organization: _____

Describe the Community Service Activity: _____

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: _____

1. To be completed DURING performance of the community service activity:

NO
grades can be given for service; neither lowered, raised, or 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 student's regular school hours.

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

NO
credit for service will be recorded without a parent or guardian's signature.

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

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

Date	Time From ___ to ___	# of Hours	Supervisor Signature Position Phone#

Total Number of Hours: _____

Examples of Possible Community Service Activities:

<ul style="list-style-type: none"><input type="checkbox"/> Assisting at Boys or Girls Clubs<input type="checkbox"/> School sponsored tutoring<input type="checkbox"/> Helping at a hospital, convalescent home, or orphanage<input type="checkbox"/> Assisting with City Parks & Recreation Programs<input type="checkbox"/> Helping with sports events of younger children<input type="checkbox"/> Helping with a non-profit community sports team<input type="checkbox"/> Helping at a Key Club or community event<input type="checkbox"/> Helping at activities sponsored by a religious institution	<ul style="list-style-type: none"><input type="checkbox"/> Working with Habitat for Humanity<input type="checkbox"/> Helping with beautification or clean-up programs<input type="checkbox"/> Helping a non-profit organization such as Operation Santa Claus, Salvation Army, or Goodwill etc.<input type="checkbox"/> Giving blood (2 hours credit each time blood is given)<input type="checkbox"/> Working with a political campaign<input type="checkbox"/> Working as an unpaid poll worker on Election Day<input type="checkbox"/> Working with community theater
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2. To be completed AFTER performance of the community service activity:

Write a “reflection” on your community service involvement that addresses the following ideas:

- Explain the purpose or mission statement of the organization you served.
- How did your work benefit the community?
- Reflect on how this affected you personally, including how you felt about the service and yourself.

Student Signature: _____ Date: _____

3. To be signed AFTER the student has completed all the requirements of this form:

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 above.

Parent/Guardian Signature: _____ Date: _____

OSC is a non-profit organization
“Making kids smile”