



COMMUNITY SERVICE VERIFICATION FORM
All Community Service Must Be Unpaid and Volunteer Work
 For details please refer to SUHSD Community Service Guidelines

Student Name: _____ ID #: _____

School Name: _____ Social Science Teacher: _____

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

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: _____

Social Science Teacher Pre-Approval. If you complete hours without teacher pre-approval, you take the risk that your teacher may not accept your service hours as valid.

Social Science Teacher Signature: _____ Date: _____

2. 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: _____

For additional hours use Verification Log –Attachment A.

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.

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 St. Vincent de Paul, 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
--	--

3. 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: _____

4. 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: _____

Social Science Teacher’s Signature as Verification that the hours are accepted and submitted to the school records:

Teacher’s Signature: _____ Date: _____

Student should have two copies of this form: one for the teacher and one to keep in the student’s personal records.