

Service Hours Verification Form

Washington High School 38442 Fremont Blvd Fremont, CA 94536 (510) 505 - 7300

Directions:

- Return completed form to the Student Center
- Make a **COPY** for yourself before turning in the original.
- Please print NEATLY and have **ALL sections and signatures** completed to receive credit for your service AND contact number must be current so hours can be verified, if not hours will not be counted. For more information go to **www.fremont.k12.ca.us/washington** for the most current updates.
- *ALL HOURS MUST BE DOCUMENTED ON THE BACK OF THIS FORM
- *ALL HOURS ARE DUE BY MAY 15, 2016

Student's Name (as it would appear on your tra	anscript):				
Graduation year:	aduation year: Student ID #:				
To be completed by SUPERVISOR	t				
Please do not verify unless all info is fi	illed out above AND tracking of hours (chart on back) is completed:				
Date(s) of Service:	** Total Hours:*				
Name of NON-PROFIT Organization	on:				
Address:					
Email:					
Website:					
Supervisor's Contact number: ()					
Supervisor's Name:	Supervisor's Signature:				
To be completed by STUDENT					
Categories: (circle one) 1- Educ	cational 2- Environmental 3- Humanitarian				
Contribution (Specifically what tasks did	you preform)				
Impact (what difference did you make)					
Please do not write below.	SEE BACK FOR MORE*				
	ars: = Total hours completed to date :				
Date recorded:					
Service Learning Coordinator approva	l:				

*Please track <u>ALL</u> hours with supervisor's signature:

Date with day of the week	Times	Total Hours	Signature of Supervisor
Example: Monday, 2/14/2015	1:00 -3:00 pm	2	