Community Volunteer Service Verification Form



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This information is REQUIRED. Student's full name (please print)			
Store # Application ID#			
To the Student Applicant: To receive your scholarship award, y community volunteer service activities that you feel reach out and ha application and/or activities that you are involved in currently. On th your community service must complete the remainder of each section with the organization in which you volunteer. Also complete verifications	ave the most impact on the co e first line of each section, br on. This person may be a sch	ommunity. These may be acti iefly describe the activity. An nool official who is able to ver	ivities you reported on your electronic unrelated adult professional familiar with ify your activities or someone associated
To the Adult Verifier(s): You have been asked to provide information following statements. Limit your responses to the space provide			
Community Volunteer Service #1 (To be completed by the student) Briefly describe the activity			
(Remaining responses to be completed by adult verifier)			
Adult verifier's printed name:	Title: Organization:		
	How long have you known this student?		
What specifically did the student do?			
Who benefited from the student's community volunteer service?			
Signature	Relationship to the a	pplicant	Date
Community Volunteer Service #2 (To be completed by the student) Briefly describe the activity			
(Remaining	responses to be completed	l by adult verifier)	
Adult verifier's printed name:	Title:	Title:Organization:	
Telephone number: (Email:	How long have you known this student?		
What specifically did the student do?			
Who benefited from the student's community volunteer service?			
Signature	Relationship to the a	applicant	Date
Work Experience (current employment) (To be completed by	by the student - Leave blai	nk if you are not currently e	employed.)
I am currently employed at:	My current title is:		

(Remaining responses to be completed by current work supervisor)

Adult work supervisor's printed name: ______ Title: ______ Company: ______

Telephone number: (______) How long have you known this student?_____

Relationship to the applicant ______ Date _____

I have been employed for: _____ months

This verification form, the publicity release form, and your transcript must be mailed in ONE ENVELOPE to:

Postmark deadline: March 16, 2013

I started my employment on:

No exceptions to deadline.

Do not staple or fold materials – a large envelope is recommended.

Best Buy Scholarship Program Scholarship Management Services – S. Pflaum One Scholarship Way Saint Peter MN 56082