



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:

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

Additional suggestions and organizations are available at 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:

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

Reflect on how you felt about your service and yourself:

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).