

South Texas College - Dual Enrollment Academy Programs

Community Service-Volunteer Hours Confirmation Form

Thank you for allowing our students the opportunity to enrich their lives with your organization.

To be filled out by the organization:

Individual/Organization Name: _____

Address of organization: _____

Student Name: _____ Grade: _____

Service Activity: _____

Contact Person/Supervisor: _____

Title: _____ Contact Number: _____

Dates of Service: _____ Hours of service provided by student: _____

Brief description of service: _____

I certify that this student has completed the service hours recorded above towards their service learning requirement.

Signed: _____

Date: _____

To be filled out by the student:

Why did you select this activity and organization?

What did you learn from this experience?

Will you return to this organization again? Why or why not?

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____