

30 Hours of Work Experience/Community Service

Name: _____

Student Number: _____

Dates Worked	Work Experience/Community Service	Hours	Contact Person (print)	Phone No./Email	Signature or Other Proof (ie. pay stub, letter, or certificate)

If using school-sponsored Work Experience or Apprenticeship work, you must list below:

Program Name/Placement: _____

(Expected) Completion Date: _____

Verified By: Name: _____ Phone/Email: _____

1. **Provide a proof** for each of your work experiences or community services (i.e. pay stub, letter of reference, etc.)

2. **On a separate page**, answer the following questions for only ONE of your experiences. Please be specific in your responses.
 - A. List the duties performed in detail.
 - B. What were the benefits of this activity to you?
 - C. Who else, besides yourself, benefitted from your job or volunteer work? How?

3. Include this completed form and your responses in your binder.

30 Hours of Work Experience/ Community Service Verification

As the parent/guardian of the above-named student, I acknowledge that my son/daughter has completed 30 hours of work experience/community service as submitted in this documentation.

Print Parent's/Guardian's Name

Parent's/Guardian's Signature

Date