

Service Learning Verification Form

Name: _____ Class of : _____

Today's Date: _____ Date(s) of Activity: _____ Hours: _____

Supervisor Name: _____ Supervisor Signature: _____

Supervisor's Address and Phone #: _____

Person Assisted, Project, or Organization: _____

Description of Service Learning Activity: _____

Counselor/Principal Initials: _____	Date Received: _____
--	-----------------------------

Note: Assisting family and unpaid employment does not qualify to service learning.

Service Learning Verification Form

Name: _____ Class of : _____

Today's Date: _____ Date(s) of Activity: _____ Hours: _____

Supervisor Name: _____ Supervisor Signature: _____

Supervisor's Address and Phone #: _____

Person Assisted, Project, or Organization: _____

Description of Service Learning Activity: _____

Counselor/Principal Initials: _____	Date Received: _____
--	-----------------------------

Note: Assisting family and unpaid employment does not qualify to service learning.