



Ss. Robert and William Upper School
COMMUNITY SERVICE VERIFICATION FORM

To be completed by the student.

Student Name _____ Grade _____ Homeroom # _____

Give a brief description of the type of service / project in which you participated:

What did you **learn** from providing this service?

Signature of Student _____ Date _____

To be completed by the organization contact person.

Name the organization _____ Supervisor's name _____

Address of organization / contact person: Daytime phone number to reach contact person:

_____ (_____) _____ - _____

_____ E-mail address: _____

Date of activity/work _____ Times _____

Total minutes/hours completed by the student

Signature of Organization Contact Person _____ Date _____

*Students must complete their service **outside the home**. Babysitting, lawn care, car washing/cleaning, or doing other household chores are family responsibilities and are not considered community service.*

Signature of parent/guardian after activity and form are completed: _____

Email address or phone number of parent/guardian _____

When all the above is completed, submit the form to Mrs. Garuckas for final approval. It will then be sent to Mrs. Casey to record on RenWeb. Please allow two days for the information to be posted.

Date received _____ Signature of Mrs. Garuckas _____