

DCSD Community Service Documentation

Purpose: Through community service students are given opportunities to become responsible citizens by helping others while learning selflessness and fostering personal growth.

Student Information

Student Name: _____ Student ID# _____ Graduating Year: _____
Gender: _____

Organization Information

Organization: _____ Dept: _____
Address: _____ City: _____
State: _____ Zip: _____

Description of Service Performed:

Verifying Information

<u>Date of Service</u>	<u>Hours Served</u>	<u>Evaluation of Student's Work</u>
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Unsatisfactory
Satisfactory
Excellent

Comments:

Verified by Site Contact (please print)

Signature of Verifier

Telephone Number: _____
(If contacted, this individual can verify student's hours)

Student/Parent

I verify that I have completed the above documented service and have followed all guidelines. I understand that I must fully complete all parts of the form including the reflection page in order to have my completed service hours processed to fulfill my community service graduation requirement of 20 hours.

Student Signature

Date

By signing below, I verify that I have given approval for my child to participate in this service activity, and that he/she has completed the hours of service as indicated above.

Parent Signature

Date