

**SERVICE LEARNING
VERIFICATION & APPROVAL FORM**

Graduation Year:

Scholar Name:

SCHOLAR REQUEST

I am requesting that my time spent at :[_____]
(Agency, Nonprofit, Organization, or Service Group)

doing [_____] count towards the required service
hours. (Service project)

[_____] [_____]
Scholar Signature Date

SERVICE CONTACT

Title: First Name: Last Name:

Phone Number: Contact Email:

SERVICE RECORD

The above scholar participated in the above project on:

[_____] for [_____], [_____] for [_____]
Date Hours or Minutes Date Hours or Minutes

[_____] for [_____], [_____] for [_____]
Date Hours or Minutes Date Hours or Minutes

[_____] for [_____], [_____] for [_____]
Date Hours or Minutes Date Hours or Minutes

[_____] for [_____], [_____] for [_____]
Date Hours or Minutes Date Hours or Minutes

[_____] [_____]
Service Contact/Supervisor Date

If there are any questions if the service project will count check with the Director of Career Planning and Partnerships Before starting.
Transportation and safety are the responsibility of the parent.
All forms need to be submitted in the same year service is completed.



Scholar SUMMARY

In the space provided below, write a summary of the experience by answering the following questions.

- What was the service project?
- How did this experience impact you?
- What skills did you learn that you did not have before the experience?
- How will those skills benefit your future?
- How did the experience benefit your community?