

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT
COMMUNITY SERVICE VERIFICATION**

Student's Name _____ Grade _____

Name of Organization: _____

Summarize the goals, and purposes, of the organization:

Name of Activity: _____ Date (s) of Activity: _____ *

Describe the activities or tasks of service that you performed:

Relate what the experience meant to you:

Student's Signature

Date

=====
portion below filled out by agency
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MUST BE A NON-PROFIT ORGANIZATION

Name of Organization

Non-Profit Tax ID#

Name of Supervisor (please print)

Title of Supervisor

Address

Telephone Number

E-mail/Website

(attach business card if available)

In your opinion did the student:

- ___ experience meaningful ways to care for and share community spirit with those who have special needs.
- ___ bridge varied ethnic, socio-economic, and generational backgrounds.
- ___ develop life skills that apply to personal life, professional life, and possibly a future career.
- ___ gain valuable experiences and exposure to a wide variety of career choices.
- ___ sharpen and apply their skills in leadership, planning, implementing and evaluation.
- ___ develop a sense of control over their environment.
- ___ work collaboratively with members of the community.

Total of Hours of Service
(Please show like this: 10-ten)

Signature of Supervisor

Date

* STUDENTS MUST SUBMIT THIS COMPLETED FORM WITHIN 30 DAYS OF THE ACTIVITY TO THE COMMUNITY SERVICES COORDINATOR. COMMUNITY SERVICE DOCUMENTS WHICH HAVE BEEN FALSIFIED IN ANY WAY WILL RESULT IN SCHOOL SUSPENSION AND MAY ALSO INCLUDE THE LOSS OF GRADUATION PRIVILEGE OR SCHOOL TRANSFER.