



SADDLEBACK HIGH SCHOOL -COMMUNITY SERVICE VERIFICATION
MUST BE NON-PROFIT ORGANIZATION - COMPLETE IN BLUE OR BLACK INK ONLY



Student's Name: _____ 6-Digit ID # _____ Grade: _____

Name of Organization: _____

Summarize the goals, and purposes, of the organization: _____

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

Describe the activities, or tasks, of service that you performed: _____

Relate what the experience meant to you: _____

Student's Signature _____

Date you turned in the form (NO LATER THAN 30 DAYS AFTER ACTIVITY) _____

-----Bottom portion filled out by supervising individual-----

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Name of Organization: _____ Total of Hours of Service _____

Name of Supervisor: please print: _____ signature: _____ Date: _____

Address _____ City _____ Zip Code _____

Telephone Number _____ E-mail/Website _____

In your opinion did the student (select the items that apply to the student's experience):

<input type="checkbox"/>	Experience meaningful ways to care for and share community spirit with those who have special needs.
<input type="checkbox"/>	Bridge varied ethnic, socio-economic, and generational backgrounds.
<input type="checkbox"/>	Develop life skills that apply to personal life, professional life, and possibly a future career.
<input type="checkbox"/>	Gain valuable experiences and exposure to a wide variety of career choices.
<input type="checkbox"/>	Sharpen and apply their skills in leadership, planning, implementing, evaluation.
<input type="checkbox"/>	Develop a sense of control over their environment.
<input type="checkbox"/>	Work collaboratively with members of the community.
<input type="checkbox"/>	Other (please explain)

****STUDENTS MUST SUBMIT THIS COMPLETED FORM WITHIN 30 DAYS OF THE ACTIVITY TO THE COMMUNITY SERVICES COORDINATOR (MRS. TURNER IN ACTIVITIES), IF DURING THE SUMMER, BY THE END OF THE FIRST WEEK OF SCHOOL. STUDENTS WILL RECEIVE A COPY FOR THEIR RECORDS. COMMUNITY SERVICE DOCUMENTS WHICH HAVE BEEN FALSIFIED IN ANY WAY WILL RESULT IN LOSS OF THOSE HOURS AND POSSIBLE DISCIPLINARY ACTIONS.**