

SELAH School District COMMUNITY SERVICE VERIFICATION Form



One form needed for each Community Service Volunteer Site . Service must be completed for a non-profit agency. (2 minimum sources needed)

To be completed by student

Student Name (print) _____

Supervisor Name (print) _____ Title _____

Organization Name _____ Ph # _____

Organization Address _____

1) Brief description of volunteer assignment:

2) What is the non-profit number for this organization or how is this organization a non-profit agency?

3) What you have you learned from this volunteer experience?

4) What 21st Century Skills did you use to complete this volunteer work?

(Critical Thinking & Problem Solving, Creativity & Innovation, Communication & Collaboration, Information Literacy, Media Literacy, Global Awareness, Civic Literacy, Health Literacy, Environmental Awareness, Flexibility & Adaptability, Initiative & Self-Direction, Social Skills, Productivity, and Accountability)

OVER

To be completed by Supervisor

I certify that the above named student participated in _____ hours of volunteer community service for our organization.

Beginning Date _____ Ending Date _____

Supervisor Signature _____ Title _____

The evaluation below is optional

	Superior	Above Average	Average	Below Average	Not Applicable
Student was reliable					
Student followed directions					
Student worked independently					
Student was eager to learn					
Student was courteous					

Please add any additional comments:
