



## Community Service Verification Form

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_

**Directions:** It is your responsibility to submit this form with complete and accurate information according to the guidelines that apply, otherwise hours will be rejected. Forms are due in RM. 205 by 5:00pm no later than a week following your community service.

Examples of Acceptable Service	Examples of Unacceptable Service
<ul style="list-style-type: none"> <li>○ Assisting at Boys and Girls Clubs.</li> <li>○ Tutoring after school at an elementary school or afterschool program.</li> <li>○ Helping the community through a church-related activity.</li> <li>○ Volunteering at a soup kitchen, homeless shelter, or hospital</li> <li>○ Helping at a non-profit organization such as Salvation Army, Greening of Detroit, Gleaners, Forgotten Harvest, United Way, Habitat for Humanity, Blight Busters and many more!</li> </ul>	<ul style="list-style-type: none"> <li>○ Babysitting a family member/ neighbor, etc.</li> <li>○ Moving the lawn, performing landscaping or maintenance, or grocery shopping for a neighbor or elderly family member.</li> <li>○ Performing clerical duties at a for profit business.</li> <li>○ Cleaning and/or organizing at a local business.</li> <li>○ Any service that does not directly impact the community in a positive way.</li> </ul>

**Organization Served:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*To be Completed by Community Service Supervisor*

**Supervisor's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I personally verify that the aforementioned student has completed \_\_\_\_\_ hours of community service at:**

\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**No  
Grades can be  
given for  
service; neither  
lowered, raised,  
nor as extra  
credit.**

**No  
Payment (\$\$)  
may be received  
for service.**

**No  
Family  
members may  
be the  
recipients or  
supervisors of  
service.**

**No  
Credit will be  
given for service  
during a  
student's  
regular school  
hours.**

**No  
Credit for  
service will be  
recorded  
without a  
parent or  
guardian's  
signature for  
permission and  
approval, unless  
service is  
sponsored by  
the school.**

**No  
Credit for  
service will be  
given for work  
with a profit-  
making  
organization.**

## Community Service Log

Date	Work Performed	# of Hours	Supervisor Initial

**Explain the purpose (mission statement) of the organization you served:**

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**How did (or will) your work benefit the community?**

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**Reflect on how you felt about your service and yourself:**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be signed AFTER completion of the community service activity:**

**Parent/Guardian Validation: I, the parent/guardian of the above-named student, certify that my son/daughter performed the described community service at the times listed.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_