

Bridge of Service



SERVICE VERIFICATION FORM

Student Name _____

Sponsor Teacher _____

Description of service activity:

Name of Organization: _____

Service work description: _____

Dates when service took place/Validating signatures:

Date: _____ Times: _____ # of hours _____

Date: _____ Times: _____ # of hours _____

Date: _____ Times: _____ # of hours _____

Supervisor's Signature _____

Phone # _____

Parent/Guardian Validation

I, the parent/guardian of the above named student, certify that my child performed the described service voluntarily and at the times listed above.

Parent Signature

NO grades can be given for service; neither lowered, raised, nor as extra credit

NO pay or reimbursement may be received for service

NO family members may be the recipients of service

NO credit will be given for school extracurricular or student aide activities

NO credit will be given for work with a profit-making organization

NO credit will be given for court-required or other punitive or disciplinary service