

## **High School Community Service Verification Form**

# **GOOD STEWARDS CLUB**

2701 S. Woodgate Dr. West Covina, CA 91792

#### **GUIDELINES FOR COMMUNITY SERVICE**

- Non-Profit Organization only
- Service hours are earned during free time
- Service hours fulfilled community need
- Please keep a copy for your records

#### **STUDENT INFORMATION**

Student Name:	Date of Birth::	School & Grade:	
Home Address:			
Student E-mail:	Student ID #:	Student Phone #:	
Parent Name:	Parent E-mail:	Contact Phone #:	

#### SERVICE LOG - SPECIFIC DATES AND TIMES ARE REQUIRED (Incomplete Logs will be returned to the student)

DATE OF SERVICE	HOURS SERVED	NAME OF ORGANIZATION & SERVICE DESCRIPTION	SUPERVISOR NAME, SIGNATURE & PHONE NUMBER
TOTAL NUMBER OF HOURS:			

#### Parent/Student Confirmation of Hours of Service:

• I hereby verify that the Community Service activities were completed as described above:

Student Signature: \_\_\_\_\_\_ Parent Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

• Verified and confirmed the above record are true and strongly recommended this person as a candidate to the Presidential Award.

GS CLUB President / V.P: \_\_\_\_\_ Coordinator: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Date: \_\_\_\_\_