Service Learning Hour Verification Form

Student Name: _____ Graduation Yr: _____

Name of Organization: _____ Organization Phone Number: _____

Supervisor: _____ Supervisor Email: _____

Description of tasks performed: _____

_____

Student reflection: _____

_____

Dates and hours served (please include month, day and year)

Date:	Start Time	End Time	Hours	Supervisor Signature

Students are not allowed to count volunteer hours if done during scheduled school day.

Total Hours: _____ Supervisor Signature: _____

Supervisor Comments: _____

Completed forms should be turned in to the Service-learning office or emailed to myattchristina@pleasval.org. Incomplete forms will not be accepted.