

**WEST HALL HIGH SCHOOL BETA CLUB**

Hall County Public Schools

**Community Service Verification Form**

All Community Service Must be Unpaid and Volunteer Work

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#:\_\_\_\_\_\_\_\_\_\_\_\_

*FRONT SIDE to be completed BEFORE the performance of the community service activity*

Description of Community Service Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Community Service Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beta Club Sponsor Pre-Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

AND Parent/Guardian Permission: I, parent/guardian of the above-named student, give my permission for my son/daughter to participate in the community service activity description below:

Parent/guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Dates When the Above-Described Community Service Took Place and Validating Signatures:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_\_\_ # of Hours \_\_\_\_\_ Supervisor’s Signature and Position Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_\_\_ # of Hours \_\_\_\_\_ Supervisor’s Signature and Position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_\_\_ # of Hours \_\_\_\_\_ Supervisor’s Signature and Position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL # OF HOURS: \_\_\_\_\_\_

Examples of Community Service Activities:

● Assisting at Boys or Girls Clubs

● Working with the Habitat for Humanity

● Tutoring after school at an elementary school

● Helping remove graffiti—off campus

● Helping at a hospital, Senior Citizen home, or orphanage

● Helping with a community team such as AYSO soccer

● Helping at a non-profit organization such

● Giving blood (2 hours of credit each time

● Helping the community through church-related activities

***Student must complete THIS side of this form after completing the community service activity.***

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

**NO**

grades can be given for

service; neither lowered,

raised, nor as extra

credit.

**NO**

pay 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 will be given for

extracurricular (co-curricular) activities or

for student aide

activities.

**NO**

credit for service will be

recorded without a

parent or guardian’s

signature for permission

and of approval.

**NO**

credit for service will be

given for work with a

profit-making

organization.

**NO**

credit for service will be

given for court-required

or other punitive service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 below.

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

Beta Sponsor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

**Student must have two copies of this form (teacher gives one to Beta sponsor and student keeps one for personal record).**