

Student Service Learning/ Volunteer Validation



**For Volunteer Hours only, skip sections 1 & 3*

Section 1: Pre-Approval

Description of service learning project: _____

Pre-approval Signature (School Service Learning Coordinator) _____

Section 2: Student Information

STUDENT NAME: _____

LAST FIRST MI

SCHOOL: _____ GRADE: 6 7 8 9 10 11 12

Section 3: Action Prior to Service

Organization: (what non-profit organization did you plan/talk with?) _____

How does the organization serve the community? _____

Service Action: (what community need was met?)

___ Environment ___ Community Assistance ___ Elderly Assistance ___ Health ___ Disaster Relief
___ Youth Development ___ Hunger and Homelessness ___ Public Safety ___ Literacy and Education

What was your responsibility? _____

Learning Action: (How did it relate to one or more school subjects? Describe what you learned through the service action) _____

Action Reflection: (How did the experience make a difference? To who?) _____

Section 4: Date- Start ___/___/___
mm dd yy

Finish ___/___/___
mm dd yy

Total # of Hours: _____
Over 20 hours, a log must be completed, see back

SPONSORING NON-PROFIT ORGANIZATION: _____

Adult Project Supervisor's Signature

Date

Phone Number

Student's Signature

Date

School Service Learning Coordinator's Signature

Date

Student Service Validation Log

For more than 20 hours of service at one organization, please complete this log.

Date	Time (start-finish)	Service Performed	Supervisor Initials

- Service Learning activities should allow students to spend a significant amount of time engaged in meeting a recognized community need.
- All projects must be pre-approved by the School Service Learning Coordinator.