

Community/Volunteer Service Verification Form
School District of Manatee County

(This form must be completed and all signatures obtained prior to starting a volunteer service project.)

Student Name: _____ Date: _____

School: _____ Grade: _____

Title of project: _____ Date(s): _____

Sponsoring Club/Organization: _____

Service Project Supervisor Name: _____ Phone Number: _____

Social issue being address: _____

Description of Community Service Project:

Student Signature

Parent Signature

Service Project Supervisor Signature

Volunteer Service Coordinator Approval

IB Students Only:

Please circle one: Creativity Action Service

**Community/Volunteer Service Project
Time Log and Evaluation**

This log must be completed each day of participation in the Volunteer/Community Service Project. Time will not be included unless verified by the project supervisor as confirmed by initialing the form where indicated. This form may only be submitted at the completion of the project.

DATE	Activity/Service Performed	START TIME	END TIME	TOTAL	Supervisor's Initials

Evaluation—Please describe below what you learned from your volunteer service project:

Total number of hours earned: _____

Student Signature

Parent Signature

Service Project Supervisor Signature

Volunteer Service Coordinator Approval