

COMMUNITY SERVICE VERIFICATION FORM

Student Name: _____ Year of graduation _____

Student ID #: _____

Return to:
Guidance Office
Waubonsie Valley High School
2590 Ogden Avenue
Aurora, IL 60504

This is to certify that _____, a student at
Waubonsie Valley High School, has completed _____ unpaid hours of service to me (our
agency).

Dates the service occurred: _____.

His/her duties involved the following responsibilities:

My/our evaluation of the following qualities of this student's service are:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Needs Improvement</u>
Attitude	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Assuming Responsibility	_____	_____	_____	_____
Performance	_____	_____	_____	_____

Name (or Agency Name) _____

Address _____

(signature of person (reporting))

(position or title)

Telephone number where you can be reached for verification: _____

Additional comments may be written on the reverse side of this sheet.

Thank you for your support of community service

Kristine Marchiando
Principal

