

**TWIN VALLEY HIGH SCHOOL  
SERVICE LEARNING PROGRAM**

STUDENT INFORMATION

Student Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Advisor: \_\_\_\_\_

Placement Organization/Qualified Individual: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name & Phone Number: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

VERIFICATION

I certify that the above named student has performed the number of service learning hours indicated above without compensation.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Comments (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I performed the number of service learning hours indicated above without compensation.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Comments (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE THIS FORM AND RETURN IT TO YOUR ADVISOR.**

***(KEEP A COPY FOR YOUR OWN RECORDS)***

Forms should be submitted within one month of completion of the service activity.

Forms MUST be submitted within three months of the completion of the service activity.