

**WINDSOR LOCKS HIGH SCHOOL COMMUNITY SERVICE VERIFICATION FORM**

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

Address (Site of Service): \_\_\_\_\_

Activity: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

Grade: \_\_\_\_\_

1. Responsibilities/Duties expected:

2. People you helped:

3. Two things you learned from the experience:

a.

b.

4. Why was this experience important?

5. Would you do this again? Yes \_\_\_\_\_ No \_\_\_\_\_ Why or why not?

6. Would you recommend this activity to other students? Yes \_\_\_\_\_ No \_\_\_\_\_ Why or why not?

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_