Riverside Senior High School

Community Service Hours Verification Form

IMPORTANT NOTICES

- Complete form legibly in blue or black ink. This form becomes part of your permanent school record.
- Read the "Community Service" guidelines published on the Riverside School Counseling website **before** completing hours (http://riverside33schoolcounseling.weebly.com/community-service.html) to verify hours will qualify for Bright Futures.
- Submit form upon completion of each project or by the end of semester 1, 12th grade to ensure hours are approved and uploaded for Bright Futures review.

Student Name:				Student Number:		
Organization Sponsorii	ng Communi	ty Service	(write full name, do not lis	t acronyms).		
Contact Person for Activity:				Contact Phone Number:		
Service Activity, Event,	or Program	title (write full	name, do not list acronyn	ns)		
Date (mm/dd/yyyy)	Start Time	End Time	Duration (hours)	Specific tasks completed/work done	School Counselor's Initials	
Describe how your wo	ark addresses	d a commi	unity issue:			
Student's initials below verify (initial each line in agreement): —— The hours listed above were completed by me.				Activity Supervisor's initials below verify (initial each line in agreement): —— Work was completed by the student.		
 The hours listed above were not completed as part of a class assignment or during class time. 				— Work completed by the student was not related to or for a religious activity or for-profit agency.		
I gained no tangible benefit from service provided. This includes, but is not limited to, participation in athletic events, money, or grade points for a class.				 Service provided benefits the public/community. The activity supervisor is not related to the student (parent, guardian, or family member). 		
Student Signature:				Supervisor's Name (Printed):		
Date submitted:				Supervisor Signature:_	Supervisor Signature:	

Student: Keep yellow carbon copy of this form or make a copy for your records before submitting the form to your school counselor.

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