

Orchard Hills ASB Leadership Community Service Verification Form

All community service must be unpaid and volunteer work

Student Name: _____ School Name: Orchard Hills

ASB Leadership Teacher: Mrs. Lund (mlund@tustin.k12.ca.us)

Due Dates:

Summer Hours (6): August 17

Q1 Hours (4): October 10

Q2 Hours (4): December 18

Q3 Hours (4): March 13

Q4 Hours (4): May 8

***You MUST turn in a HARD copy of the service hour verification form in on the due dates listed.**

****No late hours will be accepted**

Dates When the Community Service Took Place and Validating Signatures:

Description of Service	Date	Time	# of Hours	Supervisor's signature

TOTAL # OF HOURS: _____

Student Signature: _____ Date: ____

To be signed AFTER completion of the community service activity:

Parent/Guardian Validation: I, the parent/guardian of the above-named student, certify that my son/daughter performed the described community service at the times listed above.

Parent/Guardian Signature: _____ Date: _____

Google Classroom Assignment:

As part of our ASB commitment to serving the community we will be tracking our hours and lasting effects on the community. While completing your service hours you are responsible for taking photos and reflecting on the activity.

Please create a **document on google drive** with the following information:

Pictures: Ideally a photo would be from when you were doing the community service. Other options could be of the work you produced, in front of the organization logo/building, or anything else that would show what you completed while volunteering.

Reflection Questions: Please respond to the following questions. *If you complete your community service from various places please describe ALL.

- Explain the purpose (mission statement) of the organization you served.
- How did (or will) your work benefit the community?
- Reflect on how you felt about your service and yourself.

When you are finished be sure to upload the document to the service hour assignment on google classroom.