



WARREN WILSON COLLEGE

SERVICE – LEARNING VERIFICATION FORM

TO BE COMPLETED BY THE STUDENT:

STUDENT'S FULL NAME: _____ Today's Date _____

(IF THIS WAS A GROUP PROJECT, PLEASE FILL OUT THE INFORMATION FOR EACH STUDENT ON THE BACK OF THIS FORM)

Student Identification Number _____ Cell Phone or Home No _____

Please circle the area in which you worked: DISABILITIES – ELDERLY – ENVIRONMENT – HEALTH – ANIMAL WELFARE – HIV/AIDS – HOUSING – HOMELESSNESS – HUNGER – RELIGION – TUTORING – MENTORING – YOUTH/CHILDREN – OTHER _____

Please briefly describe your service activities _____

How many people were served? _____

Was service part of an academic course? (Y or N):

Instructor's Name: _____

Course Number & Title _____

TO BE COMPLETED BY THE ON – SITE SUPERVISOR:

As an official representative of the named agency/organization, I verify that the student listed above engaged in satisfactory volunteer service for our agency/organization.

Supervisor's Name (Please Print) _____ Title _____

Agency/Organization _____ Phone _____

Address _____
Street City State Zip

Date of Service: From _____ To _____

Training Hours _____ Service Hours _____ Total _____

Please comment on the student's service. You may use a separate sheet of paper, if you wish.

How well did this student meet your performance expectations?

Supervisor's signature _____ Date _____

Return this form to: WWC Service-Learning Program; Campus Box 6326; P.O. Box 9000; Asheville, NC 28815-9000
828-771-3065 (phone) 828-771-3052 (fax)

OFFICE USE ONLY: APPROVED _____ DATE _____

STUDENT'S FULL NAME (Please Print)	STUDENT ID NUMBER	CELL PHONE or HOME PHONE NUMBERS	TRAINING HOURS (If applicable)	SERVICE HOURS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				