



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 _____ **Local Phone 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: _____

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 6007 ; P.O. Box 9000; Asheville, NC 28815-9000
828-771-3065 (phone) 828-771-3052 (fax)

OFFICE USE ONLY:
APPROVED _____ DATE _____