



GPHS SENIOR COMMUNITY SERVICE VERIFICATION FORM



This form is required for all students.

Submit to Mr. May (room 201) by June 1st, 2022

For more information, visit www.sno.wednet.edu/domain/1060

Section 1: Student and parent complete the following prior to going to the organization:

Student Name _____

Parental Consent: I believe this project is an appropriate activity for my son/daughter to complete in fulfilling their community service graduation requirement. I understand and agree that my son/daughter will participate under the supervision and direction of the organization/individual named below, and not by an individual working as an employee or staff member of Glacier Peak High School. Glacier Peak High School and the Snohomish School District are not liable for injuries sustained while performing community service.

Parent Name: _____

Parent Signature: _____ Date: _____

Name of Organization: _____

Address of Organization: _____

Is the organization: a) listed on our pre-approved list, b) posted on our website/bulletin, or c) a non-profit 501c3?
____ Yes ____ No (if none of the above, you must complete a permission form prior to doing the service)

Section 2: To be completed by the organization supervisor:

Name of Organization Supervisor: _____ Job Title _____

Organization Supervisor Signature: _____ Phone Number: _____

Dates and times of community service hours: _____

Number of Hours Verified by Organization Supervisor: _____

Note to Organization: The purpose of Community Service is for the student to experience the community through its service organizations. Although there is a minimum of eight hours required, additional time requirements and expectations will be left up the individual organization. Glacier Peak High School would like the student to experience and gain exposure to the workings of your particular service.

Section 3: Students complete the following after you have returned from the organization:

What did you do while volunteering? _____

Why did you choose this project? _____

Describe how the community benefited from the activities you performed while volunteering:

I verify that I have completed the community service as stated above:

Student Signature: _____ Date: _____