



GREEN BAY AREA
PUBLIC SCHOOL DISTRICT
All learning. All growing.

VERIFICATION OF SERVICE PROJECT - CLASSROOM

1 Student Name _____ Date _____
Student ID _____ Graduation Year _____

2 *Service projects that will be completed with agencies/schools listed in the Green Bay Public School Teen/Youth Volunteer Book are pre-approved. Information pertaining to approved agencies, phone numbers and a contact person is available in the Career Center of each high school. If your project will be done with an agency not listed, your hours possibly will not count and you must have the project approved by the Volunteer Center Representative or the School-to-Work Coordinator. You will be notified if your project is not approved.*

Volunteer Center approval

3 The student listed above has successfully completed a service project for this agency.

Name _____ of _____ Service _____ Project _____

Agency _____ Agency Phone # _____

Signature of Volunteer Supervisor

Community Hours Completed _____ Date _____ Completed _____

Teacher Signature _____

Classroom Hours Completed (cannot exceed community hours) _____

Total hours (classroom + community):

4 When the project is completed, summarize your experience (i.e. What skills/knowledge learned in class were you able to use in the community? What have you learned about service? How does this service benefit the community?)

5 I have discussed this project with the above named student and I understand it is part of the 24-hour service learning graduation requirement.

Parent/Guardian Signature _____ Date _____

After your service project is finished, this verification form must be completed, signed appropriately with the required signatures and returned to your school's Career Center. Please make a copy for your records.

The completed form will be kept on file until the student's graduation and the hours will be documented on the student's report card.

Course _____

Standard or Benchmark: *(available on the Green Bay Public School's website: www.greenbay.k12.wi.us)*

VERIFICATION OF SERVICE PROJECT – CLASSROOM
(to be completed by the student after completion of his/her service project)

In the space below, summarize your experience. What skills/knowledge learned in class were you able to use in the community? What have you learned about service? How does this service benefit the community?