

**TWIN VALLEY HIGH SCHOOL  
SERVICE LEARNING PROGRAM**

STUDENT INFORMATION

Student Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Advisor: \_\_\_\_\_

Placement Organization/Qualified Individual: \_\_\_\_\_

Description of Service Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Phone Number: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

VERIFICATION

I certify that the above named student has performed the number of service learning hours indicated above without compensation.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisor's Comments (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that I performed the number of service learning hours indicated above without compensation.

**Students Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student's Comments (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THIS FORM AND RETURN IT TO YOUR ADVISOR.  
(KEEP A COPY FOR YOUR OWN RECORDS)**

Forms should be submitted within one month of completion of the service activity.  
Forms MUST be submitted within three months of the completion of the service activity.