

Name: _____
 Address: _____
 Phone Number: _____
 email address: _____

Masuk High School
 1014 Monroe Turnpike, Monroe, CT 06468
 203.452.5823

Graduation Year _____

VOLUNTEER SERVICE LEARNING VERIFICATION FORM

Students: You are responsible for keeping copies of this document for your files. The office will not keep copies.

Parent/Guardian Signature: *MUST be obtained BEFORE any service hours are completed. Signature indicates an understanding that parent/guardian will monitor any service activities completed by student. A full explanation of the Service Learning Program is located on-line, in Student Handbook, and by request in Main Office and Pupil Services.
 _____ date _____
 Parent/guardian signature _____ date _____

Administrative Signature: *Indicates approval of student participation. MUST be obtained after parent/guardian approval is given.
 _____ date _____
 Administrator signature _____ date _____

Name of Agency/Person Receiving Service	Type of Service	Date	# Hours	Person/Agency Signature	Phone # for Verification of service

TOTAL HOURS: _____ (Please log any additional hours on back of this page.)

STUDENT SIGNATURE: _____ Date: _____
 I have completed the hours specified above according to the set guidelines of the Masuk High School Service Learning Program.