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.

______________________________
Parent/guardian signature
______________________________
Date

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

______________________________
Administrator signature
______________________________
Date

<table>
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<tr>
<th>Name of Agency/Person Receiving Service</th>
<th>Type of Service</th>
<th>Date</th>
<th># Hours</th>
<th>Person/Agency Signature</th>
<th>Phone # for Verification of service</th>
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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.