

**Community/Volunteer Service Verification Form**  
**School District of Manatee County**

(This form must be completed and all signatures obtained prior to starting a volunteer service project.)

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Title of project: \_\_\_\_\_ Date(s): \_\_\_\_\_

Sponsoring Club/Organization: \_\_\_\_\_

Service Project Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social issue being address: \_\_\_\_\_

Description of Community Service Project:

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Student Signature

Parent Signature

Service Project Supervisor Signature

Volunteer Service Coordinator Approval

**Community/Volunteer Service Project Time Log and Evaluation**

This log must be completed each day of participation in the Volunteer/Community Service Project. Time will not be included unless verified by the project supervisor as confirmed by initialing the form where indicated. This form may only be submitted at the completion of the project.

DATE	Activity/Service Performed	START TIME	END TIME	TOTAL	Supervisor's Initials

**Evaluation**—Please describe below what you learned from your volunteer service project:

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Total number of hours earned: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Service Project Supervisor Signature

\_\_\_\_\_  
Volunteer Service Coordinator Approval