

SDMC Community/Volunteer Service Verification Form

This form must be completed, and all signatures obtained prior to starting a volunteer service project. **KEEP COPIES FOR YOUR RECORDS**

Student Name:	Grade:	School:
Title of Project:	Sponsoring Club/Organization:	
Project Supervisor:	Supervisor's Phone Number:	

Social Issue Being Addressed (Select one):

<input type="checkbox"/>	Preservation of environment and protection of historical sites
<input type="checkbox"/>	Promotion of health, welfare, and safety in our community
<input type="checkbox"/>	Improvement of standard of living for residents of our community
<input type="checkbox"/>	Encouragement of the growth of arts in our community
<input type="checkbox"/>	Improvement and enrichment of the lives of the mentally and physically disabled of our community
<input type="checkbox"/>	Promotion of a quality of life for the senior citizens of our community
<input type="checkbox"/>	Provision of leadership, guidance, and activities for the youth of our community
<input type="checkbox"/>	Promoting animal welfare
<input type="checkbox"/>	Promoting literacy
<input type="checkbox"/>	Improving and enriching the lives of homeless and/or those living in poverty
<input type="checkbox"/>	Area of interest for future career/profession

IB Students Only: Please circle one:	Creativity	Action	Service
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Description of Community Service Project --identify activities/work that will be done as a part of this project and how it will address the issue selected above:

Student Signature

Parent Signature

Service Project Supervisor Signature

Volunteer Service Coordinator Signature

Volunteer Service Coordinator Use Only	
Date Verification form received: _____	Date request ___ approved/___ Denied: _____