

BUFFALO PUBLIC SCHOOL
DEPARTMENT OF SOCIAL STUDIES
COMMUNITY SERVICE VERIFICATION FORM

Student Name _____

Name of Organization _____

Organization Phone Number _____

Address _____

Name of Supervisor _____

Dates and hours served (please include month and day):

Total hours served at this agency: _____

Description of Community Service: _____

NON-PROFIT ORGANIZATION SUPERVISOR'S AGREEMENT: I verify that the above, _____, Buffalo Public School student has successfully completed the Community Service as stated above and has acquired the number of hours indicated

Supervisor's Signature:

STUDENT AGREEMENT: I have completed this Community Service as stated above. I have acquired the number of hours indicated on this form.

Student's Signature:

Parent/Guardian Signature (if under 18): _____

HOW DID (OR WILL) YOUR WORK BENEFIT THE COMMUNITY?

REFLECT ON HOW YOU FELT ABOUT YOUR SERVICE:

EXAMPLES OF POSSIBLE COMMUNITY SERVICE ACTIVITIES:

Assisting at Boys/Girls Clubs

Tutoring after school at an elementary school, community center, church, temple or Mosque

Helping at a hospital or senior citizens center / clothing or food drives etc.

Working with Habitat for Humanity / animal shelter, soup kitchen or homeless shelter

Helping non-profit organization ex: Salvation Army, Literacy Volunteers of Buffalo & Erie County, Buffalo Zoo, Meals on Wheels, Catholic Charities, Buffalo Museum of Science, Big Brother, Big Sister, Community Action Organization, YMCA, United Way, Cradle Beach...

*No pay may be received for service

*No family members may be the recipients/supervisors of service

*No credit will be given for extracurricular activities

*No credit will be given for work with a profit-making organization (NO BABYSITTING)

*No credit will be given for court required community service

20 HOURS OF COMMUNITY SERVICE by end of SENIOR year
DO NOT PROCRASTINATE!