



**COMMUNITY SERVICE VERIFICATION FORM**

**RETURN TO:**  
WAUBONSIE VALLEY HIGH SCHOOL  
2590 Ogden Ave. | Aurora, IL 60504

**STUDENT NAME:** \_\_\_\_\_ **GRADUATION YEAR:** \_\_\_\_\_

This is to certify that \_\_\_\_\_, a student at Waubonsie Valley High School, has completed \_\_\_\_\_ unpaid hours of service to me (our agency).

Dates the service occurred: \_\_\_\_\_

His/her duties involved the following responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

**My/our evaluation of the following qualities of this student's service are:**

	EXCELLENT	GOOD	FAIR	NEEDS IMPRVMT
ATTITUDE				
PUNCTUALITY				
ASSUMING RESPONSIBILTY				
PERFORMANCE				

**NAME (or Agency Name):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE OF PERSON REPORTING**

**POSITION OR TITLE**

**TELEPHONE# WHERE YOU CAN BE REACHED FOR VERIFICATION:** \_\_\_\_\_

Additional Comments may be written on the reversed side of this sheet.

Thank you for your support of community service.  
Mr. Jason Stipp - Principal