



TWINSBURG HIGH SCHOOL COMMUNITY SERVICE VERIFICATION FORM

(Twinsburg High School has the right to verify information submitted and deny service credit if all qualifications are not met.)

GUIDELINES FOR COMMUNITY SERVICE CREDIT

- Per Twinsburg City School District’s policy, students must complete a minimum of ten (10) community service hours for each year enrolled at Twinsburg High School in order to fulfill requirements for graduation. Students should submit at least the minimum number of hours by the end of each school year. It is strongly recommended that senior students have their total amount of required community service hours for graduation submitted at the end of Semester 1 of their senior year.
- Per policy, service credit will be accepted for volunteer work from any *NON-PROFIT* organization, or elderly and/or disabled individuals not capable of performing the work themselves. No service credit will be granted for volunteer work completed for businesses that make a profit or for a students’ immediate family (parents, siblings, aunt/uncles, grandparents, cousins, etc.). Community service work shall be voluntary with no payment rendered for service and must be completed outside of normal school hours.
- Community Service Verification Forms must be completely filled out and signed by both the student and the non profit organization or individual, making sure to include a contact phone number for verification purposes. It is recommended that completed forms be turned into the Counseling Office upon the conclusion of each service activity. Students are encouraged to maintain a copy of this form for their records.

NOTE: PLEASE BE SURE TO COMPLETE ALL SECTIONS BELOW

STUDENT’S NAME: _____ GRADUATION YEAR: _____

NON PROFIT ORGANIZATION or INDIVIDUAL NAME: _____

(For individuals, please check at least one box below)

Elderly Individual Disabled Individual

ADDRESS OF ORGANIZATION/INDIVIDUAL: _____

PHONE NO. OF ORGANIZATION/INDIVIDUAL: (_____) _____

DATE/YEAR STARTED: _____ DATE/YEAR COMPLETED: _____

TOTAL HOURS: _____

BRIEF DESCRIPTION OF ACTIVITY/SERVICE: _____

By signing below you hereby verify that the above information is true and accurate, and that no payment was rendered for the community service project herein described.

Student’s Signature: _____

Supervisor’s Signature: _____

Date Signed: _____

If you have any questions, email abennett@twinsburgcsd.org