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VERIFICATION OF COMPLETED SERVICE PROJECT

Student Name _____

Date _____

School currently attending _____

Grade _____

In the space below, the student will write several paragraphs to summarize his/her experience with the service hours completed. (What experiences did you have? What do you feel was personally most rewarding about this project? Problems encountered? What did you learn that might help you in the future?)

6

The student listed above has successfully completed a service project for this agency.

Agency _____

Hours completed _____

Volunteer Supervisor _____

Date _____

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Return this form to the school you are attending. When you attend Lincoln, the completed form will be kept on file in the main office until your graduation, then will be added to your student cumulative file.