

---

***SDMC Community/Volunteer Service/Work Verification Form***

---

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

<b>Student Name:</b>	<b>Grade:</b>	<b>School:</b>
<b>Title of Project: /Job:</b>	<b>Sponsoring Club/Organization/Company:</b>	
<b>Project Supervisor:</b>	<b>Supervisor's Phone Number:</b>	

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
---

Description of Community Service/Work 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/Work Supervisor Signature

\_\_\_\_\_  
Volunteer Service Coordinator Signature

**Volunteer Service Coordinator Use Only**

Date Verification form received: \_\_\_\_\_

Date request \_\_\_ approved/\_\_\_ Denied: \_\_\_\_\_