



Grand Junction High School

Service Learning Hours Verification Form

For Office Use:

Date Turned in: _____

Date entered in SASI: _____

Hours Verified: _____

Bring this copy to the main office.

Please Print Clearly

Class of: 20 _____

Today's Date: _____

Student Name: _____
Last First

Advisor's Name: _____
Last

Student ID#: _____

Student's Phone # _____

Agency Served: _____

Agency Supervisor: _____ Agency Phone #: _____

Starting Date: _____ Completion Date: _____ Hours Served: _____

Service Learning Project Description (be specific)

Agency Supervisor: _____
Signature Title

Student Signature: _____ Date: _____

**** Student Copy ****

Keep this portion for your records to prove that you have completed your Service Learning hours.

Class of: 20 _____

Today's Date: _____

Student Name: _____
Last First

Advisor's Name: _____
Last

Student ID#: _____

Student's Phone # _____

Agency Served: _____

Agency Supervisor: _____ Agency Phone #: _____

Starting Date: _____ Completion Date: _____ Hours Served: _____

Service Learning Project Description (be specific)

Agency Supervisor: _____
Signature Title

Student Signature: _____ Date: _____