Marshall University

Student Affairs – Student Conduct

VERIFICATION OF COMMUNITY SERVICE/ VOLUNTEER SERVICE ACTIVITY

Student's Name:	
I.D. Number:	
TO BE COMPLETED BY VOLUNTEER SERVICE SUPERVISO	OR OR AGENCY REPRESENTATIVE
I verify that the student named above completed hou	rs of volunteer service to the following
agency or agencies:	
Please provide a brief description of the duties he/she performed	ed during the volunteer service:
The service was completed between (give dates):	
and	
Signature of Person Providing Verification	
TITLE	
ADDRESS	PHONE

DIRECTIONS TO STUDENT: Return this form to the Student Conduct Office. 2W31 Memorial Student Center, Marshall University, Huntington, WV 25755. FAX: 304-696-4347 PHONE: 304-696-2495.



Service Reflection

- I. What was the most positive aspect of your volunteer service? Why? What did you dislike? Why?
- II. During your volunteer time, what did you find to be different than you thought it would be? How would you advise students who might volunteer for this experience in the future?
- III. Speaking either about the service you provided, the agency you worked for, or yourself, what would you do differently to have a more positive and effective experience?

This needs to be a 1-2 page, double spaced, Times New Roman (12pt), and with 1 inch margins. This paper will be used evaluate your service experience. Please expand on the given prompt and not just short answers to each of the questions.