VERIFICATION OF COMMUNITY SERVICE/ VOLUNTEER SERVICE ACTIVITY

Student’s Name: ____________________________________________________________

I.D. Number: ______________________________________________________________

TO BE COMPLETED BY VOLUNTEER SERVICE SUPERVISOR OR AGENCY REPRESENTATIVE

I verify that the student named above completed______ hours of volunteer service to the following agency or agencies: ____________________________________________________________

Please provide a brief description of the duties he/she performed 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 to evaluate your service experience. Please expand on the given prompt and not just short answers to each of the questions.