

Saddleback Valley Unified School District
Community Assistance Permission and Verification Form

Student Name _____ Date of Birth _____
please print

High School _____ Grade _____

Graduation Requirement: Each high school student must complete at least (8) hours of community assistance service prior to May 1st of the senior year. Student will provide his/her own transportation while completing this service.

Organization Name _____

Summarize the goals, purpose and activities of the organization: _____

Describe the activities or tasks of service to be performed: _____

I give my permission and verify that my student will perform the community service described on this form. I hereby waive, release and hold harmless the Saddleback Valley USD and its personnel from any liability in the unlikely event of an injury while performing this work

Student Signature _____ Date(s) of Service _____

Parent Signature _____ Telephone _____ Date _____

Community Assistance Verification

Organization (*attach business card if available*)

Print Name of Supervisor

Telephone Number

Title of Supervisor

Date

Total Hours of Service

Signature of Supervisor

Student must submit this completed form to the Guidance Office
when a total of 8 hours of service has been completed.