Saddleback Valley Unified School District
Community Assistance Permission and Verification Form

Graduation Requirement: Each high school student must complete at least eight hours of community assistance service prior to May 1st of his/her senior year. Students will provide their own transportation while completing this service. The organization must be “non-profit” and student may not receive payment for these services. For ideas on Community Service opportunities please refer to: http://www.svusd.k12.ca.us/ and under featured links click on “guidance” then go to Community Resources tab.

Student Name ____________________________ Date of Birth ______________

Please print

High School ____________________________ Grade ______________________

Parent: I give my permission for my child to perform the community service described on this form. I hereby waive, release, and hold harmless the Saddleback Valley Unified School District and its personnel from any liability in the unlikely event of an injury while performing this service.

Parent Signature __________________________ Telephone ____________ Date ______

Organization Name __________________________

Student: Summarize the goals, purpose, and activities of the organization: ______________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Describe the activities or tasks of service performed: ____________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I verify that I performed the service described above.

Student Signature __________________________ Date(s) of Service ______________________

Community Assistance Verification

Organization (attach business card if available) __________________________ Print Name of Supervisor __________________________

Telephone Number __________________________ Title of Supervisor __________________________

Total Hours of Service __________________________ Signature of Supervisor __________________________

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