

**McKinley Academy
Manitowoc, WI 54220**

**SERVICE PROJECT VERIFICATION FORM
(Graduation Requirement)**

Last Name _____	First Name _____	Middle Initial _____
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I have requested the agency or person listed below to accept me for completion of a service project. If approved, I understand it is my responsibility to fulfill the time and service requirements that the project requires. Upon satisfactory completion of the service hours, I must complete the verification form and return it to the school I am attending at that time. (20 minimum hours required)

Student Signature _____ Date _____

I, as parent or legal guardian, give my permission for my child to participate in this project.

Parent Signature _____ Date _____

AGENCY OR PERSON ACCEPTING SERVICE PROJECT

The student listed above has been accepted for a service project. Please state what the student will be doing, and how many hours you expect the student to complete.

Agency _____ Phone _____

Volunteer Supervisor _____ Date _____

All service projects must be approved before you begin your hours.

When you have completed your service project, complete the verification form and obtain the required Volunteer Supervisor signature to indicate the hours completed. Return the form to the main office at McKinley Academy.

VERIFICATION OF COMPLETED SERVICE PROJECT

Student Name _____ Date _____

School currently attending _____ Grade _____

On a separate page, the student will write several paragraphs to summarize his/her experience with the service hours completed. (What experiences did you have? What do you feel was personally most rewarding about this project? Problems encountered? What did you learn that might help you in the future?)

The student listed above has successfully completed a service project for this agency.

Agency _____ Hours completed _____

Volunteer Supervisor _____ Date _____