

Ross School District P.O. Box 1058 Ross, CA 94957

Ross Middle School students are expected to volunteer 20 hours of Community Service between their 6th and 8th grade years. Students are encouraged to select appropriate and meaningful projects.

VOLUNTEER SERVICE VERIFICATION FORM

Date:	Grade:
The purpose of this document is to confirm that	
	(Name of Student)
has completed a total of hours of volunteer service at:	
	(Name of Agency)
Date that you started service	Date that you finished service
<u> </u>	
Agency Verification: Please verify your hours by signature OR official document.	
 Signature of Volunteer Supervisor: Ross requires an original (not faxed) signature from your agency. This signature should be by someone who can validate the service you have performed and who could be contacted by Ross staff in follow up. Please note: this person should not have immediate family relationship to the volunteer. This signature should be obtained at the completion of service activity. As the Volunteer Coordinator/Supervisor for this Ross student, I verify that she/he has completed the hours detailed in the timesheet (on the other side) and totaled up above. 	
Signature of Volunteer Coordinator/Supervisor Date	e Phone Number
Official Document: This should be an official notice from your agency on official agency stationary. The details of your service should be in writing and the letter should be signed by the volunteer supervisor. This letter must include your name, your total hours, the dates of your service activity and the signature of your supervisor. This type of verification works very well when a signature on this form is not easily obtained. Letter should be authored by a non-family member.	
Parent/Guardian Verification: Ross needs a parent signature for service credit.	
As consideration for my student fulfilling hours for service, I agree to release and hold harmless from any legal liability and agree not to sue Ross School, its employees, agents, representatives and volunteers from any injuries, physical or psychological, death or personal property damage resulting from participation by my student in volunteer activity. I agree to have assumed all risks to my student connected with the above-described volunteer activity.	
i agree to have assumed an risks to my student connected with the above-destribed volunteer activity.	
Signature of Parent/Guardian Date	e e