Write hours in INK.

**IMPORTANT! INSTRUCTIONS:** Fill out all sections of the form. If you do not follow the instructions, full credit for the hours may not

be recorded. Service must be performed at a non-profit- 501(c)(3) or public sector organization and cannot be religious in nature or promote a specific political party or candidate as we are a public institution. If you have questions, please visit our ETHS website.

Using another paper with the same information as below is acceptable. DO NOT USE PENCIL or WHITE OUT. ***DO NOT CROSS OUT YOUR HOURS OR DATES.* TURN IN THIS AND ALL VERIFICATION FORMS TO THE ETHS COMMUNITY SERVICE OFFICE IN THE HUB.**

STUDENT VOLUNTEER NAME GRADE: ID#

EMAIL CELL PHONE

NAME AND LOCATION OF AGENCY/ORGANIZATION

WHAT DID YOU DO WHILE VOLUNTEERING? (Be specific.)

DATE WHEN SERVICE WAS PERFORMED: HOURS:

SUPERVISOR NAME PHONE

SUPERVISOR EMAIL ADDRESS

SUPERVISOR SIGNATURE

SUPERVISOR COMMENTS

This form can also be found on our ETHS website (www.eths.k12.il.us). Questions? Contact [ethscommunityservice@eths.k12.il.us](mailto:ethscommunityservice@eths.k12.il.us)

**TO BE COMPLETED BY SUPERVISOR: (Do not cross out dates or hours; do not use white out)**

**TO BE COMPLETED BY STUDENT: (All information required in ink)**

**ETHS COMMUNITY SERVICE VERIFICATION FORM—for one time activities/events**

Write hours in INK.

**IMPORTANT! INSTRUCTIONS:** Fill out all sections of the form. If you do not follow the instructions, full credit for the hours may not

be recorded. Service must be performed at a non-profit- 501(c)(3) or public sector organization and cannot be religious in nature or promote a specific political party or candidate as we are a public institution. If you have questions, please visit our ETHS website.

Using another paper with the same information as below is acceptable. DO NOT USE PENCIL or WHITE OUT. ***DO NOT CROSS OUT YOUR HOURS OR DATES.* TURN IN THIS AND ALL VERIFICATION FORMS TO THE ETHS COMMUNITY SERVICE OFFICE IN THE HUB.**

STUDENT VOLUNTEER NAME GRADE: ID#

EMAIL CELL PHONE

NAME AND LOCATION OF AGENCY/ORGANIZATION

WHAT DID YOU DO WHILE VOLUNTEERING? (Be specific.)

DATE WHEN SERVICE WAS PERFORMED: HOURS:

SUPERVISOR NAME PHONE

SUPERVISOR EMAIL ADDRESS

SUPERVISOR SIGNATURE

SUPERVISOR COMMENTS

This form can also be found on our ETHS website (www.eths.k12.il.us). Questions? Contact [ethscommunityservice@eths.k12.il.us](mailto:ethscommunityservice@eths.k12.il.us)

**TO BE COMPLETED BY SUPERVISOR: (Do not cross out dates or hours; do not use white out)**

**TO BE COMPLETED BY STUDENT: (All information required in ink)**

**ETHS COMMUNITY SERVICE VERIFICATION FORM—for one time activities/events**