



CSUDH UPWARD BOUND MATH-SCIENCE PROGRAM

Community Service Verification Form

Participants in the UBMS program **must complete four (4) hours of Community Service¹** as a requirement for satisfactory completion of the Academic Year. In addition, participants are required to turn in verification form to UBMS staff for complete verification and recordation.

1. Community Service is any service that is done for non-profit agencies and organization and/or religious organizations. School service is also included. For activities that do not fall in these categories, justification is required to demonstrate how the community is being served by the activities.

STUDENT INFORMATION

Student Name: _____ Student ID: _____
 High School: Leuzinger Hawthorne Grade Level: 9th 10th 11th 12th

COMMUNITY SERVICE CONTACT INFORMATION & VERIFICATION

Agency/Organization Name: _____ 501(c)(3) ID# (if applicable): _____
 Contact Person: _____ Title: _____
 Email: _____ Phone Number: (_____) _____

Description of the Activities Completed: Describe the activities completed for Community Service¹, including how the activity benefits members of the community and what you learned from this experience.

Date of Service: ____ / ____ / ____ (MM/DD/YYYY)

Verification: I hereby verify that the Community Service¹ activities were completed as described above.

Agency Contact Signature(s): _____ Total Hours = _____

PARENT/STUDENT CONFIRMATION OF HOURS OF SERVICE

I hereby verify that the community service activities were completed as described above:

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

UBMS OFFICE USE ONLY:

- I hereby accept the reported Community Service¹ hours to satisfy the academic year's community service requirement.
- I do not accept the reported hours because the activity does not constitute Community Service¹.

UBMS Director/Advisor Signature: _____ Date: _____

Community Service Activities & Hours Recorded: ____ / ____ / 20 (MM/DD/YYYY) Completed By: _____ (Initials)

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