



Helix Charter High School
Service Hour Verification Form
Helix Charter High School
7323 University Ave.
La Mesa, CA 91942
619-644-1910

Attach a Supervisor Business Card Here
(If Site Supervisor has a business card)

If the supervisor does not have a card, attach some
type of picture of you at the event.

STUDENT SECTION

Please make sure the following policies are adhered to:

1. Each section of this form must be completed.
2. The hours documented must only represent the actual time spent volunteering-travel time or sleep time in an overnight setting should not be included. *(A volunteer time log is provided on the back if needed)*
3. Neither the student, nor anyone related to the student, may sign this form.

Name of Student _____ ID# _____ Grade _____

Name of Organization/Agency _____

Organization/Agency Contact Person _____

Phone Number of Contact Person _____ Email Address of Contact Person _____

Description of Service Completed: _____

Date(s) of Service

One Day _____ Total Hours _____
(Month/Day/Year)

and/or

Multiple Days: From _____ to _____ Total Hours _____
(Month/Day/Year) (Month/Day/Year)

OPTIONAL EVALUATION OF SERVICE BY STUDENT

To be filled out by Volunteer Service Supervisor. Please circle and add comments if you wish.

CONSTRUCTIVE THINKER

(solve realistic, complex problems; use existing info to make reasonable recommendations & predictions; determine the validity of complex info)

YES NO

EFFECTIVE COMMUNICATOR

(clearly present info in many forms; participate in dialogue & decision-making; gather & understand info from a variety of sources)

YES NO

INFORMED DECISION MAKER

(objectively evaluate themselves; assess, evaluate & reflect upon work; develop plans for achieving academic and/or career goals)

YES NO

FUNCTIONAL PRODUCER

(effectively use appropriate technology; participate as a team member; create appropriate products for specific audiences & markets)

YES NO

INVOLVED CITIZENS

(actively participate in civil discourse)

YES NO

SELF-DIRECTED

(use appropriate resources to seek out the best information)

YES NO

HEALTHY PERSON

(make informed decisions about their physical & mental health)

YES NO

Optional Comments:

SUPERVISOR SIGNATURE _____ DATE _____

VOLUNTEER TIME LOG

[illegible]