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 **YES** **NO**
(solve realistic, complex problems; use existing info to make reasonable recommendations & predictions; determine the validity of complex info)

EFFECTIVE COMMUNICATOR **YES** **NO**
(clearly present info in many forms; participate in dialogue & decision-making; gather & understand info from a variety of sources)

INFORMED DECISION MAKER **YES** **NO**
(objectively evaluate themselves; assess, evaluate & reflect upon work; develop plans for achieving academic and/or career goals)

FUNCTIONAL PRODUCER **YES** **NO**
(effectively use appropriate technology; participate as a team member; create appropriate products for specific audiences & markets)

INVOLVED CITIZENS **YES** **NO**
(actively participate in civil discourse)

SELF-DIRECTED **YES** **NO**
(use appropriate resources to seek out the best information)

HEALTHY PERSON **YES** **NO**
(make informed decisions about their physical & mental health)

Optional Comments:

SUPERVISOR SIGNATURE_____ **DATE**_____

VOLUNTEER TIME LOG

DATE	START TIME	END TIME	TOTAL TIME	SUPERVISOR INITIALS