



COMMUNITY SERVICE VERIFICATION FORM

RETURN TO:
Your Class House at
Metea Valley High School
1801 N Eola Rd, Aurora, IL 60502

DATE: _____

Student Name:	Graduation Year:
Name of Agency:	Reporting Supervisor:
Address of Agency:	Telephone number for verification:

This is to certify that _____, a student at Metea Valley High School, completed _____ unpaid hours of service to _____ (agency/organization).

His/her duties included the following responsibilities:

Please complete the following assessment of this student's services:

	EXCELLENT	GOOD	FAIR	NEEDS IMPROVEMENT
ATTITUDE				
PUNCTUALITY				
ASSUMING RESPONSIBILITY				
PERFORMANCE				

SIGNATURE OF REPORTING SPONSOR/SUPERVISOR

DATE

PLEASE ATTACH ANY ADDITIONAL COMMENTS

THANK YOU FOR YOUR SUPPORT OF COMMUNITY SERVICE