

Community-Based Learning Verification

Fall \_\_ Spring \_\_ Year \_\_\_\_

Name Phone

Service placement/Agency name

Phone Placement Contact Person

As a student enrolled in , your signature below states that you agree to the following:

1. I completed hours of community service in the above named placement ending on \_\_\_\_\_\_\_\_\_\_. In doing so I adhered to the agreed upon dates and times of service in the Community-Based Learning Agreement that I completed and signed for this course.

2. I complied with the agency standards and regulations set forth by the contact person as well as the rules of decorum specified by the instructor for this course. I performed my service in a professional manner with respect for others and an open, caring attitude.

By signing below, the **service placement contact person** agrees that the student has completed the fieldwork as described above.

By signing below, the **professor** acknowledges receipt of this verification form.

Student Signature Date

Placement Contact Person Signature Date

Faculty Signature Date

PLEASE RETURN THIS VERIFICATION to your professor on or before the final class.