Service Hours Verification Form
Kennedy High School
39999 Blacow Rd  Fremont, CA 94538
510.657.4070

Directions:
- Return completed form to DEE CLARK in Room 114.
- Make a COPY for yourself before turning in the original.
- Please print NEATLY and have ALL sections and signatures completed to receive credit for your service AND contact number must be current so hours can be verified, if not hours will not be counted. For more information go to www.jfkhs.org for the most current updates.
- *ALL HOURS MUST BE DOCUMENTED ON THE BACK OF THIS FORM

Student’s Name (as it would appear on your transcript): ________________________________
Graduation year: _______  Student ID #: __________________

To be completed by Supervisor
Please do not verify unless all info is filled out above AND tracking of hours (chart on back) is completed:

Date(s) of Service: ________________________________  Total Hours: _______ *
Name of NON-PROFIT Organization: ______________________________________________________
Address: _____________________________________________________________________________
Email:_________________________________________________________________________________
Website: _______________ _______________________________________________________________
Supervisor’s Contact number: ( ) ___________________________

Supervisor’s Name: __________________________  Supervisor’s Signature: ______________________

Categories: (circle one) 1- Educational  2- Environmental  3- Humanitarian

Contribution (Specifically what tasks did you preform)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Impact (what difference did you make)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please do not write below.
Previous hours:_______ +  New Hours:_____ =  Total hours completed to date :_______
Date recorded: ____________
Service Learning Coordinator approval: ________________________________
*Please track **ALL** hours with supervisor’s signature:

<table>
<thead>
<tr>
<th>Date with day of the week</th>
<th>Times</th>
<th>Total Hours</th>
<th>Signature of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Monday, 2/14/2015</td>
<td>1:00 -3:00 pm</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

If more space is needed attach another form.