

WORK EXPERIENCE / MENTOR / VOLUNTEER / COMMUNITY SERVICE

TTHS COLLEGE & CAREER PORTFOLIO VERIFICATION FORM

Student Name _____

ID# _____ *Class of* _____

*****This form must be completed and signed by a representative of the organization for which you performed the following activity: community service hours (service learning), volunteer hours, work experience, mentoring/job shadowing.***

Supervisor's Name/Title (Printed): _____

Name of Agency/Organization: _____

Contact info (phone): _____ Email: _____

Please provide a brief description of the work the student performed for your organization/company:

<i>Date(s)</i>	<i>Hours</i>	<i>Supervisor's Initials</i>	<i>Total # of hours</i>

****Please use back for additional hours.***

Supervisor's Signature: _____

Parent / Guardian Signature: _____

Received by:

Date: