

Saddleback Valley Unified School District
Community Assistance Permission and Verification Form

Graduation Requirement: Each high school student must complete at least eight hours of community assistance service prior to May 1st of his/her senior year. Students will provide their own transportation while completing this service.

Student Name _____ Date of Birth _____
Please print

High School _____ Grade _____

Parent: I give my permission for my child to perform the community service described on this form. I hereby waive, release, and hold harmless the Saddleback Valley Unified School District and its personnel from any liability in the unlikely event of an injury while performing this service.

Parent Signature _____ Telephone _____ Date _____

Organization Name _____

Student: Summarize the goals, purpose, and activities of the organization: _____

Describe the activities or tasks of service performed: _____

I verify that I performed the service described above.

Student Signature _____ Date(s) of Service _____

Community Assistance Verification	
_____ Organization (attach business card if available)	_____ Print Name of Supervisor
_____ Telephone Number	_____ Title of Supervisor
_____ Total Hours of Service	_____ Signature of Supervisor

Student must submit this completed form to the Guidance Office
when a total of eight hours of service has been completed