South Texas College - Dual Enrollment Academy Programs

Community Service-Volunteer Hours
Confirmation Form

Thank you for allowing our students the opportunity to enrich their lives with your organization.

To be filled out by the organization:

Individual/Organization Name: ____________________________________________________

Address of organization: _________________________________________________________

Student Name: __________________________ Grade: ________________________________

Service Activity: ________________________________________________________________

Contact Person/Supervisor: _______________________________________________________

Title: __________________________ Contact Number: ________________________________

Dates of Service: ________________ Hours of service provided by student: __________

Brief description of service: ______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I certify that this student has completed the service hours recorded above towards their service learning requirement.

Signed: _________________________________ Date: __________________
To be filled out by the student:

Why did you select this activity and organization?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What did you learn from this experience?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Will you return to this organization again? Why or why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student Signature: ______________________________________________       Date: ________

Parent Signature: _______________________________________________       Date: ________