



COMMUNITY SERVICE VERIFICATION FORM

RETURN TO:

Your Class House at
Metea Valley High School
1801 N Eola Rd, Aurora, IL 60502

DATE: _____

Student Name:	Graduation Year:
Name of Agency: Metea Valley Special Olympics	Reporting Supervisor: Dwain Ackerman
Address of Agency: 1801 N. Eola Rd. Aurora, IL 60502	Telephone number: 1 (630) 824-8358

This is to certify that _____, a student at Metea Valley High School, completed _____ unpaid hours of service to Metea Valley Special Olympics (agency/organization).

His/her duties included the following responsibilities:

assisting with athletes needs, encouraging/supporting, helping with
transitions during practices, administrative work, designing, fundraising,
attending events/meetings, planning

Please complete the following assessment of this student's services:

	EXCELLENT	GOOD	FAIR	NEEDS IMPROVEMENT
ATTITUDE				
PUNCTUALITY				
ASSUMING RESPONSIBILITY				
PERFORMANCE				

SIGNATURE OF REPORTING SPONSOR/SUPERVISOR

DATE

PLEASE ATTACH ANY ADDITIONAL COMMENTS

THANK YOU FOR YOUR SUPPORT OF COMMUNITY SERVICE