

**Directions for completing this form:**

1. Please print neatly.
2. Use one form per agency. If your volunteer work is done through an on-campus service club, please use one form and have your club advisor sign it. You may copy this form.
3. Please complete the entire form. When recording dates, please include month, day, and year.
4. Turn all completed forms into Lou Ann Farrow.

**To be eligible for transcript recognition for your volunteer time, you must:**

1. Complete at least the number of service hours required by Pinewood to meet graduation requirements.
2. Record all of your hours on these forms, have a supervisor at your service site sign the forms, and turn all completed forms in to the school counselor. Please do not re-submit hours that have already been recorded on the transcript.
3. The total number of service hours will be printed on your transcript.

**The following volunteer projects are EXAMPLES of Community Service projects:**

- Non-profit organizations
  - Food Banks
  - Hospitals
  - Summer Feeding Programs
  - Shelters
  - Ronald McDonald Houses
  - Fuller Center for Housing
  - Blood Drives
- Community organizations
  - Voter registration and political campaigns.
- School Service
  - Work Days
  - Concession Stands (must work with a parent)
  - Maintaining/Cleaning Outdoor Classroom
- Club Service Projects
  - Fundraising for Charities (Doughnut Sales)
  - White Christmas
  - Can Food Drives
  - Pennies for Patients
- Faith-based organizations
  - Working in the nursery
  - Teaching Vacation Bible School
  - Serving at a banquet
- Mission Trips – actual work hours

**PINEWOOD CHRISTIAN ACADEMY  
COMMUNITY SERVICE VERIFICATION FORM**

Website: [gopca.org](http://gopca.org)

Fax: 912-739-2321

*This portion must be completed by the student.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Location of Service \_\_\_\_\_

Name of Agency \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Approval by Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Dates and hours served (please include month, day and year)

Date	Activity	Hours		Date	Activity	Hours

Total hours served at this agency: \_\_\_\_\_

Starting Date of Service at this agency: \_\_\_\_\_ Ending date: \_\_\_\_\_

*This portion must be completed by the work supervisor.*

Supervisor's Name: (Please Print) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Information (Phone/Fax): \_\_\_\_\_

*I understand that I may be contacted by Pinewood Christian Academy.*

*I verify that the student named worked the hours shown above.*

\_\_\_\_\_ Date

\_\_\_\_\_ Supervisor Signature