

LEAD Scholars Academy
SERVICE HOURS VERIFICATION FORM

Student Name: _____ Year: 1st or 2nd UCFID: _____

Service Project Start Date: _____ Service Project End Date: _____

Service Project Title: _____

Service Agency: _____

Number of Hours Completed: _____

A) Please provide a complete description of the service performed.

B) Please answer these questions in regards to the service you performed:

What category (or categories) does your service experience represent (select most appropriate)?

Youth & Education

Alternative Break Program

Animals

Environment

Gender Issues

Spiritual Leadership

Elderly Awareness

Mental and Physical Health

Hunger and Homelessness

Campus Leadership

Social and Justice

Special Needs

Other (Describe)

C) Please circle the response that best answers the following question:

I feel that I positively impacted the community as a result of my volunteer experience.

Strongly Agree

Agree

Disagree

Strongly Disagree

I learned more about my leadership skills as a result of my volunteer experience.

Strongly Agree

Agree

Disagree

Strongly Disagree

D) Student Information:

Student Signature: _____ Phone Number: _____

Student E-mail Address: _____ Date: _____

E) Agency Information:

Authorized Agency Signature: _____ Phone Number: _____

Print Name: _____ Position: _____

Authorized E-mail Address: _____ Date: _____

Community service hours performed during Winter Break and/or Summer Break will not be counted

OFFICE USE ONLY:

LSA Board Signature: _____

Date: _____

____ Experiment

or

Instructor Signature: _____

Date: _____

____ Service Page