

SCHOOL DISTRICT OF PHILADELPHIA  
**G.W. CARVER HIGH SCHOOL OF ENGINEERING AND SCIENCE**  
 1600 WEST NORRIS STREET PHILADELPHIA, PA 19121  
 PHONE: 215-684-5079 FAX: 215-684-5151  
[WWW.CARVERHSES.NET](http://WWW.CARVERHSES.NET)

***VERIFICATION for Senior Service Days May 26 through June 6, 2017***  
*(Submitted AFTER completing Service Work!!)*  
**Must be submitted to Ms. Hogan by June 7, 2017!!**

**Student's Name (please PRINT)** \_\_\_\_\_ **Book #** \_\_\_\_\_

**To the student:** Please provide all of the information requested below and **submit this form to Ms. Hogan by June 7, 2017**. On these dates, May 26 - June 6, you were expected to be at a Community Service site of your own choosing. This was not to be a place where you have paid employment and you were not to be financially compensated for your service on this day. You were expected to experience the personal satisfaction of service to others and to see in action, the value of civic responsibility. Please sign your name below to indicate you understood and have honored this commitment.

**Student's Signature** \_\_\_\_\_  
 Name of Service Organization \_\_\_\_\_  
 Location \_\_\_\_\_ **student e-mail** \_\_\_\_\_

**To the Service Organization Supervisor:** Thank you for your willingness to work with our student on these days and encouraging the values of service to others and civic responsibility. Please comment below as to the performance of our student on this day. Did he/she arrive promptly, perform tasks courteously, and exhibit maturity? Please feel free to call the school or email Ms. Hogan (Senior Class Sponsor – [smhogan@philasd.org](mailto:smhogan@philasd.org)) with any questions or concerns. You may provide brief comments here or on the reverse.

\_\_\_\_\_

**Supervisor's name (please PRINT)** \_\_\_\_\_ **phone** \_\_\_\_\_  
**Supervisor's e-mail** \_\_\_\_\_  
**Supervisor (please SIGN)** \_\_\_\_\_ **date** \_\_\_\_\_

Dates worked	Starting time	Ending time	# of Hours:	Verified by:

**ACTIVITIES AND SERVICES COMPLETED ON THESE DAYS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To the Parent or Guardian:** Your son/daughter was expected to participate in the Senior Service Days and experience the sense of earned self-esteem that is derived from true volunteer service. Please sign below to indicate that your child has honored this commitment.

**Parent/Guardian (please SIGN)** \_\_\_\_\_ **date** \_\_\_\_\_