

**SDMC Community/Volunteer Service/Work Verification Form**

This form must be completed, and all signatures obtained prior to starting a volunteer service/work project. **KEEP COPIES FOR YOUR RECORDS**

<b>Student Name:</b>	<b>Grade:</b>	<b>School:</b>
<b>Title of Project:/Job:</b> Hygiene Kits	<b>Sponsoring Club/Organization/Company:</b> Mam'selles	
<b>Project Supervisor:</b> Holly Johnson	<b>Supervisor's Phone Number:</b> 941.812.7340	

Social Issue Being Addressed (Select one):

<input type="checkbox"/>	Preservation of environment and protection of historical sites
<input type="checkbox"/>	Promotion of health, welfare, and safety in our community
<input type="checkbox"/>	Improvement of standard of living for residents of our community
<input type="checkbox"/>	Encouragement of the growth of arts in our community
<input type="checkbox"/>	Improvement and enrichment of the lives of the mentally and physically disabled of our community
<input type="checkbox"/>	Promotion of a quality of life for the senior citizens of our community
<input type="checkbox"/>	Provision of leadership, guidance, and activities for the youth of our community
<input type="checkbox"/>	Promoting animal welfare
<input type="checkbox"/>	Promoting literacy
<input checked="" type="checkbox"/>	Improving and enriching the lives of homeless and/or those living in poverty
<input type="checkbox"/>	Area of interest for future career/profession

IB Students Only: Please circle one:	Creativity	Action	Service
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Description of Community Service/Work Project --identify activities/work that will be done as a part of this project and how it will address the issue selected above:

Each girl receives 1 hour for the meeting, planning, and the soliciting of donations, and 1 hour for sorting out the items, packaging, and mailing them. These kits will be donated to the organization Hungers End in the local Manatee County Community.

\_\_\_\_\_ **Student Signature**

\_\_\_\_\_ **Parent Signature**

\_\_\_\_\_ **Service Project/Work Supervisor Signature**

\_\_\_\_\_ **Volunteer Service Coordinator Signature**

<b>Volunteer Service Coordinator Use Only</b>	
Date Verification form received: _____	Date request ___ approved/___ Denied: _____