



CO-CURRICULAR SERVICE VERIFICATION & REFLECTION

Civically-Engaged Scholar Program

Name: _____

Phone: _____ E-mail: _____

PART I: SERVICE VERIFICATION

(To be completed by volunteer coordinator or other authorized staff at your volunteer site)

MUST BE COMPLETED BY CONTACT AT VOLUNTEER SITE

Name of Agency: _____

Address of Agency: _____

Name and Title of Contact Person at Agency: _____

Phone/E-mail of Contact Person: _____

Please verify the total number of hours that this Civically-Engaged Scholar has volunteered with your organization.

TOTAL HOURS SERVED: _____

Please also indicate the approximate date(s) of this service.

DATES OF SERVICE: _____

Please provide a brief description of the service performed.

PART II IS CONTINUED ON THE NEXT PAGE →

PART II: REFLECTION

(To be completed by Civically-Engaged Scholar)

Reflect on your service experience in a format of your choosing (writing, art, multimedia, etc.). You may answer one of the following questions or come up with your own:

- What was your favorite aspect of this service? Why?
- What was your least favorite aspect of this service? Why?
- What did this service teach you about yourself?

Please attach a copy of your reflection with this form.