



# Buffalo Public Schools

## CTE Community Service Verification Form



Students must earn 54 hours of Work-Based Learning as one of the CDOS Credential Requirements. Students may earn these hours by completing community service hours. The hours may be earned in any manner that meets the student's schedule, during his/her high school years, but must be completed prior to the student's participation in a commencement ceremony and documented on this form.

**Student Information:**

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

900#: \_\_\_\_\_

High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Community Service is any service that is done for non-profit agencies and organizations and/or religious organizations. Structured activities provided through school service (ie. organizing a school blood drive or food drive) is also included. For activities that do not fall in these categories, justification is required to demonstrate how the community is being served by the activities.

\*NYS Child Labor laws must be followed for the number of hours a student can work in a day.

**Community Service Contact Information:**

Agency/Organization Name: \_\_\_\_\_ 501(c)(3)ID#: \_\_\_\_\_\*

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Start Date (Month/Day/Year): \_\_\_\_\_ End Date: \_\_\_\_\_

\*Required for consideration

Date	Hours	Date	Hours	Date	Hours
*Please attach additional sheets if needed					<b>Total Hours</b>

**Description of the Activities Completed:** Describe the activities completed for Community Service, including how the activity benefits members of the community and what you learned from this experience.

**Verification:** I hereby verify that the Community Service activities were completed as described above:

Agency Contact Signature: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**For School Review Only**

**School Building Review:**

\_\_\_\_\_ I hereby accept the reported Community Service hours as they meet the requirements described.

\_\_\_\_\_ I do not accept the reported hours because the activity does not constitute Community Service.

**Teacher/Administrator/Counselor Name:** \_\_\_\_\_

**Teacher/Administrator/Counselor Signature:** \_\_\_\_\_

*\* This form is required in order for CTE to review community service hours for the CDOS Credential. \**