



Enter to Learn, Go Forth for Service

Extra Curricular Verification

Complete this form for EACH extracurricular program or event in which you participate (one form per event). These should be completed at the end of week to ensure a timely and accurate response.

This form verifies that _____ has displayed consistent, proactive involvement in an appropriate on/off campus extra curricular program.

Name of Program: _____

(Specify specific name/type/level of club, team, band, etc.)

Affiliation: _____

(Specify whether program is school-related or off campus)

Specifics Practice/Meeting Location: _____

(Specify whether program is school-related or off campus)

Total Hours/Dates of Consistent Involvement: (Attach separate sheet if necessary.)

Meeting/Practice Date(s): _____

Additional Performances/Competitions: _____

Season/Club Involvement Began: (Month/year) _____

Season/Club Involvement Ended: Month/year: _____

Season/Service Length: Qtr./On-going/etc: _____

complete information on next/back sheet

Description of Student's Involvement: (To be Completed by Advisor/Supervisor)

Student's Role/Position: _____

Description of Student's Responsibilities:

Supervisor Name

Supervisor Signature

Date

Email: _____

Phone: _____