Community Service Experience Verification Form and Reflective Statement

Submit your completed verification form, with your reflective statement, to the College of Education's undergraduate program counselor (Wayne Hall 107). Directions and prompts for the reflective statement are attached.

(If your service was provided to more than one agency, please use a separate form for each. Your reflective statement should address only one organization; it is your choice.)

Candidate's Name	Phone	
WCU ID # WCUPA Er	nail	Major/s
I completed hours of servic	e between the dates of	and
for (name of organization)		
Address, City, State, Zip Code (organiza	tion)	
My service work involved (describe very	briefly the nature of your service work)	
l attest that I have given an accurate acco	ount of my service to this organization.	
Candidate's Signature	Date Date Date Dete anything below the dotted h Dete anything below the dotted h Dete anything below the dotted h	
Name of Organization Official	of Organization Official Title/Position of Organization Official	
Number of volunteer hours	yes no Service was unpaid	yes no Service was satisfactory
This statement is an accurate descriptior organization.	n of the type of service and time this We	st Chester University student provided our
Signature of Official	Date	Phone Number
	University Verification	ı
The student has successfully completed t	the required service and reflective statem	ient:

Date