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 Email		Major/s	·
I completed	hours of service betwe	en the dates of		and
for (name of organiza	ation)			
Address, City, State,	Zip Code (organization)			
My service work invo	olved (describe very briefly t	he nature of your service	e work)	
i attest that I have giv	ven an accurate account of r	ny service to this organiz	zation.	
Candidate's Signature	 e		ate	
		Organization Ver		
Name of Organization Official		Title/Position of Organization Official		
Number of volunteer	r hours	☐ yes ☐ no Service was unpaid		yes 🗌 no vice was satisfactory
This statement is an a organization.	accurate description of the t	type of service and time	this West Chester	University student provided our
Signature of Official		 Date	Pho	one Number
	 	University Verif	 ication	-
The student has succ	essfully completed the requ	ired service and reflectiv	e statement:	
Undergraduate Progr	ram Counselor	· · · · · · · · · · · · · · · · · · ·	Date	