

## Community Service Experience Verification Form and Reflective Statement

Submit your completed verification form, with your reflective statement, to the Office of Candidate Services, College of Education and Social Work (Wayne Hall, Suite 107, 125 W. Rosedale Avenue). 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 # \_\_\_\_\_ WCU Email \_\_\_\_\_ Major/s \_\_\_\_\_

I completed \_\_\_\_\_ hours of service between the dates of \_\_\_\_\_ and \_\_\_\_\_

for (name of organization) \_\_\_\_\_

Address, City, State, Zip Code (organization) \_\_\_\_\_

My service work involved (describe very briefly the nature of your service work) \_\_\_\_\_

I attest that I have given an accurate account of my service to this organization.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

↓↓ **WCU Student: Do not complete anything below the dotted line directly after this sentence.** ↓↓

### Organization Verification

\_\_\_\_\_  
Name 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 description of the type of service and time this West Chester University student provided our organization.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

☐ Verified by Candidate Services

### University Verification

The student has successfully completed the required service and reflective statement:

\_\_\_\_\_  
Office of Candidate Services

\_\_\_\_\_  
Date