

# 30 Hours of Work Experience/Community Service

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

Student Number: \_\_\_\_\_

Dates Worked	Work Experience/Community Service	Hours	Contact Person (print)	Phone No./Email	Signature or Other Proof (ie. pay stub, letter, or certificate)

If using school-sponsored Work Experience or Apprenticeship work, you must list below:

Program Name/Placement: \_\_\_\_\_

(Expected) Completion Date: \_\_\_\_\_

Verified By: Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

1. **Provide a proof** for each of your work experiences or community services (i.e. pay stub, letter of reference, etc.)
  
2. **On a separate page**, answer the following questions for only ONE of your experiences. Please be specific in your responses.
  - A. List the duties performed in detail.
  - B. What were the benefits of this activity to you?
  - C. Who else, besides yourself, benefitted from your job or volunteer work? How?
  
3. Include this completed form and your responses in your binder.

## 30 Hours of Work Experience/ Community Service Verification

As the parent/guardian of the above-named student, I acknowledge that my son/daughter has completed 30 hours of work experience/community service as submitted in this documentation.

\_\_\_\_\_  
*Print Parent's/Guardian's Name*

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*