

PSA Form VF-03

PUBLIC SERVICES ACADEMY PUBLIC SERVICE DEVELOPMENT VERIFICATION FORM

School-Based Service Community Service

1. Student Name:		
2. Name and address of service site (if not WHS)	3. Phone Number	
4. Dates/Times of Service OR Physical Donation	5. Name of Project (if applicable)	
6. Duties/Responsibilities		
7. Skills/Knowledge Attained (<i>reflect</i>)		
8. Name of Supervisor	9. Supervisor's Title	10. Supervisor's Signature
For Internal Use Only	Note: This form is to be placed in the Personal Transition Plan (PTP) as evidence of work experience or community service activity. This form must be filed under Section 3: Career Portfolio in your PTP.	
Official Time Calculation:	_____ Hours	Verified by: