**WILTON-LYNDEBOROUGH COOPERATIVE**

**MIDDLE SCHOOL / HIGH SCHOOL**

57 SCHOOL ROAD WILTON, NEW HAMPSHIRE 03086 (603) 732-9230 www.wlcwarriors.net

**SERVICE LEARNING CONFIRMATION**

All WLC high school students are required to complete 6 hours of Service Learning each year they are in high school for a total of 24 hours prior to graduation. Students who do not complete the required 6 hours each year, will not attain the privileges accorded to his/her class, including but not limited to senior privileges, parking privileges, and graduation exercises. Graduating seniors must complete and have the Service Learning Coordinator accept all service learning hours no later than the Friday prior to graduation to participate in Senior Week activities, including graduation.

\*Transfer students must contact the School Counseling Office to determine the amount of time required.

Filling out this form and handing it in to the Service Learning Coordinator is proof that the service has been completed. Volunteer service to any non-profit, religious, civic, or school group meets the criteria for service hours. Any other services should be approved with the Service Learning Coordinators prior to commencing the work. The student must not directly benefit from services; which include fund-raising activities, or receipt of payment. Students should check with the Service Learning Coordinator to confirm that service meets criteria. Students may complete more than 6 hours of service a year, however, any hours over 6 does not “carry over” to the next year. Service learning opportunities may be found on the Service Learning webpage at [*www.sau63.org/domain/205*](http://www.sau63.org/domain/205)

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Student Name* |  | *Grade* |  | *Year of Graduation* |

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| --- | --- | --- |
|  | |  |
| *Name of Service Learning Organization* |  | *Service Learning Location: Ie: church, library, town, etc.* |

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| **Describe Service Provided:** |
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| **Reflection: “What have I learned from this experience?** |
| **(Please provide a thoughtful and clearly written answer below, or attach a separate sheet. Minimum of one paragraph)** |
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| Total Number of Hours: |  | Date(s) of Service: |  |

Please have organization representative complete the information on the back of this form.

**SERVICE LEARNING CONFIRMATION – Page 2/2**

Please have organization representative or supervisor fill out the following:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Please rate the truth of the following statements: | 1 = | Not true at all |
|  | 2 = | Somewhat true |
|  | 3 = | Mostly true |
|  | 4 = | Definitely true |
|  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
|  | The student provided a valuable service to our organization | | 1 | 2 | 3 | 4 |  | |
|  |  | |  |  |  |  |  | |
|  | The student worked well | | 1 | 2 | 3 | 4 |  | |
|  |  | |  |  |  |  |  | |
|  | The students’ attitude was positive | | 1 | 2 | 3 | 4 |  | |
|  |  | |  |  |  |  |  | |
|  | We would enjoy having this student return or continue working with our organization | | 1 | 2 | 3 | 4 |  | |
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|  | | **Comments:** | | | | | |  |
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| **Signatures:** |  |  |
|  |  |  |
| *Organization Contact Person Print Name* |  | *Parent Signature* |
|  |  |  |
| *Organization Contact Person Signature* |  | *Student Signature* |
|  |  |  |
| *Organization Contact Phone Number* |  | *Service Learning Coordinator Signature* |
|  |  |  |