



**SOUTHLANDS** PSP  
CHRISTIAN SCHOOLS | PRIVATE SATELLITE PROGRAM

## Southlands Christian PSP Community Service Program Verification Form

Quarter (1) (2) (3) (4) (Minimum 5 hours per quarter)

Student Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Service Organization, description of service, date and hour(s) worked:

1. \_\_\_\_\_

Signature of Service Organization Representative \_\_\_\_\_

2. \_\_\_\_\_

Signature of Service Organization Representative \_\_\_\_\_

3. \_\_\_\_\_

Signature of Service Organization Representative \_\_\_\_\_

4. \_\_\_\_\_

Signature of Service Organization Representative \_\_\_\_\_

5. \_\_\_\_\_

Signature of Service Organization Representative \_\_\_\_\_

(Students please write a journal entry on the reverse side. This should be a reflective piece. Suggestions:  
What impact did your service have on others? What impact did your service have on you? Would you  
suggest this service to others? Why or why not?)

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