

## **PSLA NNDCC Verification of Service Form**

CADET NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

To the Project Supervisor:

The cadet named above has indicated that you were the project supervisor for him/her while giving service to the community. To be credited with this time toward the NNDCC community service requirement at PSLA, there needs to be verification and evaluation of the service given. Please be kind enough to complete the information requested below and return the form to the NNDCC unit at PSLA. This may be done either by returning the form through the student or by mailing (227 Magnolia St., Syracuse, NY, 13204) or by email to [PSLANNDCC@gmail.com](mailto:PSLANNDCC@gmail.com). Thank you for taking the time to assist our cadets! NOTE: if the service given is long-term, it is sufficient to complete the form only every few months. Service hours carried out between:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total # of Hours of Service: \_\_\_\_\_  
(List each day's hours on the back)

Brief Description of Service Rendered: (3-4 sentences is fine)

Evaluation of Service: \_\_\_\_\_  
(5- outstanding, 4- above average for age, 3- average, 2- could have been better, 1- more of a hindrance than a help)

NAME OF SUPERVISOR (PRINT): \_\_\_\_\_

ROLE/FUNCTION OF SUPERVISOR: \_\_\_\_\_

(example: head coach, pastor, director of volunteers, club moderator, etc....)

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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FOR UNIT USE ONLY- CADET ROUTING

NNDCC INSTRUCTOR: \_\_\_\_\_

COMMUNITY SERVICE LPO OR LCPO: \_\_\_\_\_

Categorize as: P/O, E/O, C/S, S/S

Subcategory: \_\_\_\_\_

Date Logged: \_\_\_\_\_

CDMIS entry completed by (name): \_\_\_\_\_

Signature: \_\_\_\_\_

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**COMMUNITY SERVICE HOURS BY DATE**

DATE:                      HOURS:

DATE:                      HOURS:

DATE:                      HOURS:

DATE:                      HOURS:

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