



COMMUNITY SERVICE TO STUDENTS

Certification of Participation in 30 Hours

CANDIDATE'S NAME _____ DATE _____

CAMPUS Rockland Manhattan

THIS CERTIFICATION FORM IS TO BE FILLED OUT BY THE SUPERVISOR OF COMMUNITY SERVICE AFTER THE SERVICE HAS BEEN COMPLETED. FULFILLMENT OF COMMUNITY SERVICE HOURS ARE REQUIRED FOR ADMISSION TO TEACHER EDUCATION PROGRAMS. *Thank you for your willingness to expose this teacher candidate to work with children/youth. The college faculty would appreciate your prompt completion and return of this form as an indicator of the student's potential, per your observation.*

COMMUNITY SERVICE SUPERVISOR

Name _____
Institution _____
Address _____
Phone _____

SUPERVISOR'S POSITION	
<input type="radio"/> Director	<input type="radio"/> Pastor
<input type="radio"/> Principal	<input type="radio"/> Teacher
<input type="radio"/> Other	

My signature certifies that the teacher candidate under my supervision, _____, satisfactorily participated in at least 30 contact hours of community service to students.

SIGNATURE _____ **DATE** _____

COMMUNITY SERVICE EXPERIENCE (please describe candidate's activities and performance) _____

DATE COMMUNITY SERVICE BEGAN ___/___/___ CONCLUDED ___/___/___

TOTAL HOURS OF COMMUNITY SERVICE _____

COMMENTS _____

Please use the stamped, addressed envelope the candidate has provided with this form and return it to the appropriate Nyack College Education Office:

Nyack College
Education Office
1 South Boulevard
Nyack, NY 10960

Dept. of Childhood Education
Nyack College--NYC
361 Broadway
New York, NY 10013

OFFICE USE ONLY

Department Head Approval _____ Date _____

Candidate Notified of Approval _____ Date _____