

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

ID# \_\_\_\_\_

**LOS AMIGOS AVID**



**THE FUTURE STARTS HERE.**

**Extra Curricular Involvement Verification**

This form verifies that \_\_\_\_\_ has displayed consistent, proactive involvement in an appropriate on/off campus extra curricular program.

Name of Program: \_\_\_\_\_  
(Specify specific name/type/level of club, team, band, etc.)

Affiliation: \_\_\_\_\_  
(Specify whether program is school-related or off campus)

Specifics Practice/Meeting Location: \_\_\_\_\_  
(Specify whether program is school-related or off campus)

Total Hours/Dates of Consistent Involvement: (Attach separate sheet if necessary.)

Meeting/Practice Date(s): \_\_\_\_\_

Additional Performances/Competitions: \_\_\_\_\_

Season/Club Involvement Began: (Month/year) \_\_\_\_\_

Season/Club Involvement Ended: Month/year: \_\_\_\_\_

Season/Service Length: Qtr./On-going/etc: \_\_\_\_\_

**Description of Student's Involvement: (To be Completed by Advisor/Supervisor)**

Student's Role/Position: \_\_\_\_\_

Description of Student's Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Email: \_\_\_\_\_

Phone: \_\_\_\_\_