Community Service Verification Form

__________________________ is responsible for performing _____ hours of community service.

(Organization Name)

Location: ________________________________ Date/Time: ____________________

Number of Members Present:

Attendance/Participation:

Purpose of event:

Description of duties and work completed and/or money raised:

Chapter Contact Name/Phone Number: ___________________________/_____________________

*Must be turned in to the Greek Life Office within 48 hours of event

*If this is considered continuous service, please fill out once a semester and include all future dates and times.

Agency Verification

I certify that ______________________ performed _____ hours of community service hours.

(Organization Name)

__________________________

(Agency Representative) Please Print

__________________________  _______________________

(Signature)  (Title)

__________________________

(Telephone Number)