

Student Organization Service Verification Form

Please print clearly

Student Organization Name: _____

Student Leader: _____

E-mail address: _____

Event Name: _____

Event Date: _____ Event Time: _____

Event Location: _____

Description of Service: _____

Total Number of Hours Performed: _____

(On next sheet list individuals who participated and their personal hourly contributions)

Name of Supervisor: _____

Contact Info: _____

**Verification
of Service Hours:** _____

Signature of site contact or Campus Ministry Representative

Verification must occur AFTER the event is held