

# 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 separate 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**