

Completion of Hours Verification Form

Name: _____ Perm: _____

Chapter/Affiliation: _____

Quarter: _____ Year: _____

Email: _____

Organization/Agency Volunteered for	# of Hours Served	Signature of Agency Member

***NOTE TO AGENCY MEMBER:** By signing this form, you are verifying that the above number of hours and amount of volunteers indicated are correct.

Signature of Chapter Member: *By signing this form, you are signing a contract that this is the correct number of hours you have completed this quarter. If any of this information is incorrect or falsified, your chapter's standing within the University could be negatively affected.*

Name: _____ Date: _____

****Please attach any supplemental documents and/or proof of community service hours completed to this sheet before submission. If these documents are not stapled, this form will not be counted toward your chapter's total.**