Event Verification Form

To verify service, please complete this form for each different event and submit with your portfolio.

Name of Event: _____

Organization: _____

Type of Service: _____

Describe your service activities:

_____
_____
_____
_____

Purpose of Event:

_____
_____
_____

Date of Service: _____   Start time: _____   End time: _____

Total Hours: _____

Supervisor Information

Name: _____

Position: _____

Phone: _____
   OR
Email: _____

Signature: _____   Date_____

Student Information

Name: _____

Signature: _____