

Office of Student Affairs Verification of Community Service Activity

Student Name:		Dragon ID#:	
Date	# of hours	Activities performed	
(for a log of r	nore hours/activities,	please write on back of form)	
To be co	mpleted by su	pervisor of volunteer service or ac	gency representative:
I verify th	at the student r	named above successfully completed	hours of volunteer
service to	the following a	agency or agencies/locations:	
I also ver	ify that the hou	rs completed and tasks performed as	s listed above are accurate.
Signature	e of Agency Re	presentative providing verification	Date
Printed N	lame of Repres	entative	Title
Address			Phone