

Community Service Verification Sheet

Fraternity/Sorority: _____

Organization/Agency Served: _____

Contact Person _____

Phone _____

Address _____

Date of Service/Donation: _____

Hours performed:

(# of members x #of hours worked)

(ex: 24 members x 5 hours = 120 hrs)

Amount Donated

\$ _____

Briefly describe service provided:

Signature of Community Service Chair
