

## Completion of Hours Verification Form

Name: \_\_\_\_\_ Perm: \_\_\_\_\_

Chapter/Affiliation: \_\_\_\_\_

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_

| Organization/Agency<br>Volunteered for | # of Hours Served | Signature of Agency Member |
|--|-------------------|----------------------------|
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**\*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.**