

***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)

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**Amount Donated**

\$ \_\_\_\_\_

**Briefly describe service provided:**

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Signature of Community Service Chair

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