**Community Service Verification**

Activity:

Date: Location:

Beneficiary (Name of Charity, Etc.):

Beneficiary Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Beneficiary Contact Person:

Description of Work Performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours in Isla Vista: Yes / No

***Attach Verification Letter or E-mail***

|  |  |
| --- | --- |
| **Member’s Name** | **Number of Hours Completed** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |

**Total Number of Members that Total Number of Hours Members**

 **Volunteered: \_\_\_\_\_\_\_\_\_\_ Volunteered: \_\_\_\_\_\_\_\_\_\_**

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\*\*\*You will need to make multiple copies of this form for your members to take with them to each service event that they attend\*\*\*