



# Fraternity and Sorority Life

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## Community Service Verification Form



This letter is to verify that \_\_\_\_\_ completed \_\_\_\_\_ hours  
(Organization Name)

as a volunteer for \_\_\_\_\_ on

Date:

\_\_\_\_\_

Times:

\_\_\_\_\_

Location:

\_\_\_\_\_

Job Function:

\_\_\_\_\_

and should obtain community service credit for participating.

\_\_\_\_\_  
Supervisor at Volunteer Site- Title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Supervisor Email address

\_\_\_\_\_  
Organization President

*\* Attach Sign in for Community Service event \**