**Community Service Verification**

Activity:

Date: Address:

Beneficiary (Name): \_\_\_\_\_\_\_\_\_\_\_\_

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.

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

 **Signature**