

Step-by-Step Instruction Booklet for Community Service Chairs: How to Submit Community Service Hours to Greek Affairs

Greek Affairs Accreditation Program
(Updated 2/08)

Step 1: Take “Agency Verification of Hours Form” to the agency facilitating the community service.

⇒ **NOTE:** This form is required for both individual and all-house participation in community service. You may duplicate this form as needed.

Step 2: Fill out “Verification of Hours Form.”

Agency Verification of Hours Form

Agency Name/Event Title: _____ Date: _____

Address: _____

Fraternity/Sorority: _____

Member's Name	Number of Hours Completed
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Number of Members that Volunteered: _____ Total Number of Hours Members Volunteered: _____

Signature of Agency Member: _____

Phone#: _____

NOTE TO AGENCY MEMBER: By signing this form, you are verifying that the above number of hours and amount of volunteers indicated are correct.

***Please make multiple copies of this form for your use. You will need to submit this form as verification of hours completed for each agency/event.

Provide names and hours of service for each person **participating** in the community service.

Total the numbers of each column to transfer to the “Chapter Community Service Hours Summary” form.

Mandatory information from the agency.

⇒ **NOTE:** Service chair must have agency member sign and provide proper information for the hours to be counted as valid.

Step 3: Gather all “Agency Verification of Hours Forms” and fill out the “Chapter Community Service Hours Summary” form.

Transfer all names from the "Agency Verification Form" to this column.

Transfer each person's total hours of community service from the "Agency Verification Form" to this column.

Place **total** amount of people who **participated** in community service (Total from column 1).

Place **total** amount of hours completed by each person (total from column 2).

Mandatory signature from the community service chair.

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Total Number of Members in Chapter: _____

Total Number of Hours Completed for the Quarter: _____

Signature of Service/Philanthropy Chair: _____ Date: _____

NOTE TO SERVICE CHAIR: By signing this form, you are signing a contract that this is the correct number of hours your chapter has accrued. If any of this information is incorrect or falsified, your standing within the Greek community will be greatly affected.

Step 4: Attach all "Agency Verification Forms" collected, to the back of the "Chapter Community Service Hours Summary Form." **Turn this packet in to Greek Affairs (located in student resource building after the Pardall tunnel) each quarter before dead week.**

⇒ **IMPORTANT:** If this packet is not turned in on time there will be one point penalty for each day it is late, up to 7 days.

Step 5: Double check you have completed everything before turning packet in.

	Task	Done
1	Collected all "Agency Verification" forms from chapter members whom completed hours.	
2	Verified that each form has agent's signature, address, and phone number.	
3	Transferred each member's name and hours completed to the "Chapter Community Service Hours Summary Form."	
4	Totaled the amount of people who completed hours and overall hours completed by the house as a whole, and noted it on the summary form.	
5	Signed and dated the summary sheet to verify I completed all steps properly.	
6	Allowed enough time to turn in before the end of the quarter to avoid points off.	

Any questions or concerns should be directed to the Greek Affairs office:
(805) 893-3966

Agency Verification of Hours Form

Agency Name/Event Title: _____ Date: _____

Address: _____ Agency Phone Number: _____

Fraternity/Sorority: _____ Service event in Isla Vista? **Yes/No**

Member's Name	Number of Hours Completed
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Number of Members that Volunteered: _____

Total Number of Hours that Members Volunteered: _____

Signature of Agency Member: _____

Agency Phone#: _____

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

Chapter Community Service Hours Summary

All forms must be turned in by Friday of finals week to room 1104 in the SRB

Points will be deducted for late forms

Fraternity/Sorority: _____

Where: _____

Member's Name	Number of Hours Completed by Member	Add a \checkmark for Community Service Performed in Isla Vista
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2.		
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66.		
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70.		
Total Members:	Total Hours:	Total Hours:

Signature of Community Service Chair: _____ Date: _____

NOTE TO SERVICE CHAIR: By signing this form, you are signing a contract that this is the correct number of hours your chapter has accrued. If any of this information is incorrect or falsified, your standing within the Greek community will be greatly affected.