

Completion of Hours Verification Form (Agency)

Agency Name: _____ Date: _____

Address: _____

Fraternity/Sorority: _____ Hours in IV: 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 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.

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