Community Service Verification Form

Please Note: This form needs to be completed and returned to the IPFW-Upward Bound Office (Student Walb Union-Rm. G27) within two weeks of the community service event.

Student Name: ___________________________  Date of service: __________________

Event: ____________________________________________

Time Arrived: __________ AM/PM (please circle)  Time Left: __________ AM/PM (please circle)

Number of hours served: __________________

Description of what you did while there:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

UB Staff -- Date Received: _____________

Student Signature ___________________________  Date: _________________________________

Signature of Contact Person ______________________  Date: _______________________________

UB Advisor Signature: ___________________________  Date: _______________________________