SERVICE VERIFICATION FORM

Your Service. Our Community. Stronger Together.

Please use this form to document and submit group service hours to the Center for Service

DATE OF SERVICE: _____

ORGANIZATION INFORMTAION

Name of Student Organization: _____

Advisor Name: _____

SERVICE EVENT/PROJECT INFORMATION

Community Partner/Organization Served: _____

Location: _____

DESCRIPTION OF SERVICE

Brief Description of Service Performed: _____

_____

PARTICIPANT INFORMATION

Please Attach a Roster of Participant Names & Student ID (G#)

ADVISOR VERIFICATION

I verify that the above information is accurate and that the service was completed by members of this organization

Advisor Signature: _____

Advisor Email: _____

COMMUNITY PARTNER VERIFICATION

I verify that the above named student organization completed the service described on the date listed.

Community Partner Siguature: _____

Title: _____

Email: _____

SUBMISSION INFORMATION

Please submit completed form to:

Eder Hall 202
centerforservice@missouriwestern.edu

MoWest
Center for Service

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PARTICIPANT ROSTER:

G#	Print Name	MoWest Email Address

MoWest
Center for Service