

## Service Learning Verification Form for Clubs

Club Name: \_\_\_\_\_

Date(s):

Category: Educational \_\_\_\_ Environmental \_\_\_\_ Humanitarian \_\_\_\_ Other \_\_\_\_

Non-Profit Organization:

Total Hours:

Verification: (Phone # or E-mail)

Phone # of Contact: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail of Contact: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Name	Student ID #	Total Hours

**\*\*Do not verify unless all portions are complete.**

Supervisor's Signature: \_\_\_\_\_