



## Approved Project Service Hours Verification Form

Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

*For alternate project service hours, this form must accompany hour sheets reflecting participation.*

Please provide the name of the agency along with a brief description of the service activity (previously pre-approved for service hours by Projects Committee). Make sure to record your hours below and provide the contact information of the person who oversaw this event/service activity. Please make sure to have the contact person sign the bottom of this form in order to verify your hours.

Name of Event / Organization	Date	Start Time	End Time	Total Hours

Activity/Event Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Community Service Organization Contact information:

Supervisor/Coordinator: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

By signing this form below, I verify that the above named JA Member has participated in the listed volunteer/community service activity with our organization.

Signature: \_\_\_\_\_